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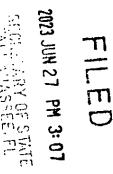
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	•			
. Miani k			<u></u>		
Name of the Limited	Liability Company a Florida Limited Liab	is it how appears on they Company)	our records.		
		Λ/	10	2023	
The Articles of Organization for this Limited Liab	sility Company we	re filed on	ay 15.	and assi	gned
Florida document number 123000	72800	$\supset$	U		
Florida document number 1 2300	<u> </u>				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited fiabilit	v company here:			
A. If amending hame, encounter the		<del></del>			
The new name must be distinguishable and contain the wor	de "Limned Unshility	Company," the design	nation "L.L.C" or the	abbreviation "L.I	
The new mame must be distinguishable and contain the wor	ds Timered Date	· · · · · · · · · · · · · · · · · · ·			
Enter new principal offices address, if applical	ole:				
(Principal office address MUST BE A STREET		<u> </u>			
(Frincipal office dauress into 31 inches				SECRETARY	
	-			<b>Z</b>	• (
				· [5]	
Enter new mailing address, if applicable:				1909 <b>32</b>	-11-
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				<del></del>
177011112				75 G	
				<b>)</b>	
B. If amending the registered agent and/or re	oistered office ad	dress on our reco	rds, enter the n	ame of the nev	w registered
agent and/or the new registered office address	here:	•••			
agent and the move agent		_	•		
	Bat	$\epsilon$	Levy		
Name of New Registered Agent:				<u> </u>	-i: / \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
New Registered Office Address:	2601	Ne 21		riace	#104
. 1011 The Edition States		Enter Florida	street address	_	
	$\mathcal{M}$	12mi	, Florida	331	(20
		Cuy		Zıp Code	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Mami Kills Vo Fa. LLC Name of Limited Liability Company	Name of Limited Liability brighans  of Amendment and feets) are submitted for filing.  pondence concerning this matter to the following:  ### Part Is I Leavy  Name of Person    Firme Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the tonowing.	
T: Mam: Kills Vo Fa. Lice  Name of Limited Liability Company  seed Articles of Amendment and feets) are submitted for filting.  arn all correspondence concerning this matter to the following:  Boff Ellery  Name of Person  Firm/Company  2001 Ne 212 th Tetrace #109  Address  Mam: FL: 33180  City/State and Zip Code  Best ells in Common for notification  Te-mail address. (To be used for future annual repair notification)  or information concerning this matter, please call:  Boff Ellery  Name of Person  at 776 805 2382  Name of Person  Same of Status  Certified Copy  (Certificate of Status & Certified Copy  Galdonard copy is achieved)  Certified Copy  Certified Copy  Caudinoral copy is achieved)	
The state of the s	
FirmCompany	
2001 Ne 212th Terrace #104	
E-mail address, to be used for future annual record notification)	١
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Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of S  tadditional copy is enclosed) Certified Copy	itatus &
Mailing Address:  Registration Section  Street Address:  Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

•If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Bof ET Levy	Miani, FL 33100	C (SAdd
	,	Miani, FL 33100	Remove
			□Change
MGR	Joseph Ledy	2601 Ne 212th-ter Miami, FL 33181	_ i\ Add
		Miami, FL 3318	<u>S</u> □Remove
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n effective <u>te:</u>   If th	date is listed, the date inserted	than the date the date must be sp in this block do on the Departr	occific and can oes not meet	t the applica	o date of filing	TO Z or more than thing require	90 days after fil	ling.) Pursuant te	o 605 0207 c listed as
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Filing Fee: \$25.00