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TO:

Registration Section Division of Corporations

Midnight Service Mia, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Miguel A Rodriguez Clark Name of Person Midnight Service Mia, LLC Firm/Company 999 SW 1st Avenue, Apt 2211 Address Miami, Florida 33130 City/State and Zip Code m.roclark@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miguel A Rodriguez Clark 2666754 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Midnight Service Mia, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on 5/17/2023	and assigned
Florida document number L23000242822		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	-	£
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	enter the name of the new registere
		<u>, </u>
New Registered Office Address:	Enter Florida stree	t address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dui provided for in Chapter	ies, and I am familiar with and · 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Naim G Zarzour Tairouz	11111 Biscayne Blvd, Unit 114. Miami FL 33181	= Add
			□Remove
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Affective date, if other fan effective date is listed, Note: If the date inserte document's effective da	the date must be specied in this block does	ific and cannot be prior s not meet the applic	to date of filing or mo able statutory filing	(option of the contract o	filing.) Pursu	ant to 605.020 ot be listed as
			12.01		The 90th	day after the
	yed effective date, b	out not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	, The your	day uner me
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is filed.		${} \cdot \frac{2023}{}$	<u> </u>			12 A 63 E 0.6
l is filed.		${} \cdot \frac{2023}{}$	orized representative			903 HAY 21
record specifies a delayd is filed. May 19th Miguel A Ro		${} \cdot \frac{2023}{}$	<u> </u>			2.5

Filing Fee: \$25.00