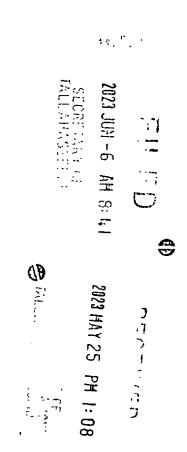


	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	, ,
PICK-UP	☐ WAIT ☐ MAIL
	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	1.11.
	J. HORNE
	JUN - 7 2023
I.	









May 26, 2023

FILING KD PROCESS

SUBJECT: MIU GAI LLC Ref. Number: L23000250802

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 823A00012122

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of	Corporations			
MIU G SUBJECT:	SALLI.C			
SUBJECT:	Name of	Limited Liability Company		
The enclosed Article	es of Amendment and fee(s) are	submitted for filing.		
Please return all corr	respondence concerning this mat	tter to the following:		
	STEPHEN GUERRER	0		
		Name of Person		
	GUERRERO LAW GR	mitted for filing. to the following: Name of Person		
FirmyCompany				
6600 COW PEN RD SUITE 260				
	_	Address		
Address MIAMI LAKES, FL 333014				
		City/State and Zip Code	<u> </u>	
	SGUERRERO@THEG		<u></u>	
			otification)	
For further informati	ion concerning this matter, pleas	se call:		
STEPHEN GUERR	ERO	954 4104338		
Na	ime of Person	Area Code Days	ime Telephone Number	
Enclosed is a check t	for the following amount:			
■ \$25.00 Filing Fe	ee ☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
<u>Mailing Ad</u> Registrati	Idress: on Section		Section	
Division of	of Corporations	Division of C	orporations	
P.O. Box Tallahasse	6327 ee, FL 32314	The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ART	CICLES OF A		T	
ARTI	TO CLES OF OF		ON	200
	OF			South
MIU GAI LLC				1477 C
(Name of the Limite	ed Liability Company (A Florida Limited Lia	y as it now appears o ability Company)	on our records,)	TO STATE OF THE ST
The Articles of Organization for this Limited Lia	ability Company w	vere filed on ^{05/22}	2/2023	
Florida document number L23000250802				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the <u>limited liabili</u>	ity company here	<u>:</u> :	
The new name must be distinguishable and contain the wo		y Company," the desi	gnation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applica				
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>			
				.
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u>BON)</u>			
			······································	
B. If amending the registered agent and/or re	1.7	dress on our rec	ords, <u>enter the na</u> i	me of the new registered
agent and/or the new registered office address	<u>s here</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Floride	i streci address	
		City	, Florida _	Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:	Cirj		zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this o	d agent and agree or and complete p stered agent as pr registered office a	erformance of m ovided for in Ch	y duties, and I am apter 605, F.S. Or	familiar with and ; if this document is
	If Changi	ing Registered Agen	t, Signature of New R	egistered Agent
	c	The second contract the second		

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

<u>Title</u>	Name	Address	Type of Action
AMBR	MAI. JOHN	222 S UNIVERSITY DRIVE	
		PLANTATION, FL 33324	Remove
			≡ Change
AMBR	WAI, JOHN	222 S UNIVERSITY DRIVE	□Add
		PLANTATION, FL 33324	□ Remove
			□ Change
			□Add
			Remove
			Change
	<u></u>		🗆 🗆 Add
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ffective date, if other than that a effective date is listed, the date state. If the date inserted in this locument's effective date on the	must be specific and cam s block does not meet	the applicable sta	of filing or more than 9 stutory filing require	(optional) 0 days after filing.) Pursua ments, this date will no	ant to 605,0207 of be listed as
record specifies a delayed effect is filed.	rtive date, but not an o	effective time, at	12:01 a.m. on the ea	rlier of: (b) The 90th	day after the
JUNE 2 Dated	2	.023			
Stephen	Guerrero Signature of a mem				

. .

Filing Fee: \$25.00