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## **COVER LETTER**

TO:	Registration Sect Division of Corpo		
SUBJE	ест:	Name of Limited Liability Company	_
The en	closed Articles of A	endment and fee(s) are submitted for filing.  1023  103  104  105  105  105  105  105  105  105	
Please	return all correspond	nce concerning this matter to the following:	
		Rullie David Mitchell  Name of Person  Writed States of America Packing and Shipping Liec  Firm/Company	
		1563 N.E 152nd St Address	
		North Miami Beach FLA 33162  City/State and Zip Code  Fulliem Hchell 1@ amail. Com  E-mail address: (to be used for future annual report notification)	
For fur	ther information cor	erning this matter, please call:	
	Rullie, 1	on Mitchell at (305) 494-4921  Area Code Daytime Telephone Number	
Enclos	ed is a check for the	ollowing amount:	
<b>⊠</b> \$2	5.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
	Mailing Address: Registration Se Division of Co P.O. Box 6327		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mirica tacking and Shipping LLC The Articles of Organization for this Limited Liability Company were filed on 07-22-20:23 and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Rullie. D. Mitchell Name of New Registered Agent: 563 N.E. 152nd St Enter Florida street address New Registered Office Address: North Mani Beach, Florida 33/62

## 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

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

MGR = Manager AMBR = Authorized Member

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