L23000285712

(Re	questor's Name)	
(Ad	dress)	····
(Ad	dress)	
(Ĉit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.)
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
·	-	
		-
Special Instructions to	Filing Officer.	

Office Use Only



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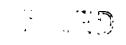
در داداما

COVER LETTER

Division of Cor			•
	MOVE MIA	AMI LIFESTYLE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		JUAN HOYOS	
		Name of Person	
		Firm/Company	
		7705 NW 46 STREET 3A	
		Address	
		DORAL, FL 33166	
	-	City/State and Zip Code	
		N@CAICEDOTAXACCOUNTING to be used for future annual report notif	
For further information co	oncerning this matter, please of		
JUAN	HOYOS	786 720-4885	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ation
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	-
Tallahassee I	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VENDAMILIEESTYLELIC 2023 SEP 26 AM II: 10

If Changing Registered Agent, Signature of New Registered Agent

MOVE MIAMI LIFESTYLE LLC		FO WILL! 10
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records:)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number	HINU: 13, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	ere:	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u>. </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
(17MH) (1		
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here: Name of New Registered Agent:	records, enter the name	of the new register
New Registered Office Address: Enter Flo	orida street address	<u> </u>
	. Florida	
City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address, I here company has been notified in writing of this change.	of my duties, and Lam fo Chapter 605, F.S. Or, i	miliar with and f this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR RUBEN A DUQUE	7705 NW 46 STREET 3A	≣ Add	
	DORAL, FL 33166	□Remove	
		□ Change	
		□ Add	
			□Change
			Remove
			□Change
			□Add
			□Remove
	, _	Change	
	 	Remove	
			Change
		🗀 Add	
		□Remove	
			Change

. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an effective Note: If the	ate, if other than the date of filing:
he record spec ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	SEPTEMBER 19 . 2023
_	Signature of a member of Authorized representative of a member
	JUAN HOYOS
_	Typed or printed name of signee

Filing Fee: \$25.00