Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MIA 9901, LLC

PECCELLIFE PH 4: 27
2023 JUL. 17 PH 4: 27
DEPARTMENT OF STATES
DIVISION SEE: FLORIDA

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

ARTICLES OF AMENDMENT TO

•	ARTICLES OF OR OF	GANIZATION •	•
*	Mia 9901, LLC	,	3 m² 3€ 1 m² 3€
(Name	of the Limited Liability Company a (A Florida Limited Liab	is it now appears on our reco ility Company)	rds.)
The Articles of Organization for this Florida document number L23000332		re filed on 07/13/2023	and assigned
This amendment is submitted to amer	nd 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 "LLC" or the abbreviation	on "L.L.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		~ ?	
		23	•
		7. =	
Enter new mailing address, if applicable:		17	,
(Mailing address MAY BE A POST OFFICE BOX)		P	C
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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:

New Registered Office Address:		
-	Enter Florida street e	address
		, 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 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 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	<u>Name</u>	Address	Type of Action
MGR	Ilcana Canetti	9907 NW 9 ST CIR #9,	□Add
		(address change)	□Remove
		MIAMI FL 33172	7
MGR	Antonio Roberto Vega	913 Tangier Street	
		(address change)	
		Coral Gables, FL 33134	_
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change
		an en men mellen i de de la companya	🗆 Add
			□ Remove
			□Change

	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
		
		
		
 		
		
		
-		
Effective date, if other than the liften effective date is listed, the date in Note: If the date inserted in this document's effective date on the	he date of filing:	605.0207 listed as
e record specifies a delayed effec rd is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	after the
Dated July 17th	2023	
	Signature of a member or authorized representative of a member	-
	Erin Saville, Attorney-In-Fact	

→ 18506176383

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