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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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TO: Registration S Division of Co			
SUBJECT: Mia	Name of Lin	enterprise LL nited Liability Company	<u> </u>
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jorge L	- (anos Name of Person	
	Miami Vi	e submitted Liability Company e submitted Liability Company e submitted for filing. atter to the following: Llands Name of Person Lice Enterprise Firm Company Sw 8th St Address Fl 33/84 City State and Zip Code eenter Prise Q gmail. com ess: (to be used for future annual report notification) ise call: at (305) 776-4227 Area Code Daytime Telephone Number	
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For further information	concerning this matter, please c	all:	77 3
Jurge L	Lanos of Person		
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre	<u>'88:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami vice enterprise LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{7/31/2023}{1000000000000000000000000000000000000$
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 "LLC" or the abbay intign" L.L.
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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Emer Florida street address
Florida

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.

Cuv

Zip Code

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
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			□Remove
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Note: If the	date is listed, to date inserted	the date must d in this blo	be specific ck does no	and cannot be	prior to date of pplicable statu ords.	filing or more	than 90 days	cafter filing.) Pursuant to 60; will not be list	5.0207 (3)a led as the
the record spec cord is filed.	rifies a delay	ed effective	date, but	not an effect	ive time, at 12	:01 a.m. on	the earlier c	of: (b) Th	e 90th day afte	er the
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