

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State/21911 Hotte #)
PICK-UP WAIT MAIL
(Duringer Fally No)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





10/11/23--01032--002 **30.00



COVER LETTER

TO:	Registration Section Division of Corporation	on contractions and the second	•	•
SUBJE	CCT:	MIAW CITY CLASSIC Name of Limited Liability Company	-	
The en	closed Articles of An	mendment and fee(s) are submitted for filing.		
Please	return all correspond	ence concerning this matter to the following:		
		Nathalie Solis Henrich Name of Person	_	
		MIAMI CITY CLASSIC	_	
		2323 COOLIDGE STREET	_ s 2	
		Address	17.71 17.71 17.71	r· +
		- HOLLYWOOD FT 33020	<u>, </u>	
		City/State and Zip Code MiAMi CiTYCLASSIC @ GHAIL E-mail address: (to be used for future annual report notification)		,
For fur	ther information cond	cerning this matter, please call:	3: 05	أووي
	Nathalie Name of Po	erson at (186) 1182311 Area Code Daytime Telephone Num		
Enclos	ed is a check for the t	following amount:		
□ S2	5.00 Filing Fee	Certificate of Status: Certified Copy (additional copy is enclosed) Certificate of Status: Certified Copy (additional copy is enclosed)	Filing Fee. Teate of Status & Ted Copy Teal copy is enclosed)	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tollahagaaa EL 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Mannoa Strant Suita 910

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 O9 18 23 and assigned Florida document number <u>L230064352</u> 63
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 abbreviation "L.L.C."
Enter new principal offices address, if applicable: 2323 Coolidge Street
(Principal office address MUST BE A STREET ADDRESS) Holly (wood = 733000
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:
Name of New Registered Agent: Nathalic Mi-Jung Solis Henrich
New Registered Office Address: 2323 Coolidge Street
Enter Florida street address
Hollywood, Florida 38020
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 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 removed from our records:

	anager uthorized Member		- ,
<u>Title</u>	Name	Address	Type of Action
MGR	Nothalie Mi-Jung	2323 Coolidge Street	Add
	Solis Henrich	2323 Coolidger Street Hollywood F1 33020	£10
Please	add as registered gran	45	🗀 Remove
		·	□Change
	United States Corp	476 Riverside Ave	
	United States Corp Agents Inc	Jackson Ville Fl 32202	· .
		J. 200 CO. (1.110)	
			<u>·</u> □Change
	·		□Add
			2021 Remove
		<u> </u>	Chạngể
			Add
		m	☐ ☐Remove
			Sixelliove
			□Change
			□Add
			Remove
			<u> </u>
			□Change
			□Add
	·	Advisor Commence of the second	□Remove
			□ Change

If amen	iding any	other in	formation	, enter	change(s) here:	(Attacl	n addit	ional she	ets, if	necessai	'y.)		
	125	the	Sal	ue	DelE	5017	but	!	the	C	sthe	,		
-	1954			ha	v,		0	adi	de Ø		2666	10	ins	
-	10	the	$\overline{\mathcal{I}}$	25			. ,	-	2 1 2				. J	•
	Tn	Ha	d'ol	11	atho	ض کو او	Н	en	cichi		i+i	<u>. </u>	,	
_	1	JAH hi	alie				_	7/5 '	401	100	~h.	9	• :	:
_		- VO V (C	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u>, </u>				
_	Tho		me		מציאני	77	a/	· ′ς_	the	0 . 0	PG)	540	Ced	1
_	<u> </u>	<u> </u>	1000	\ \/ }_	<u>0000</u>	<u> </u>	dd	<u>s O</u>	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	11610	ک بران اگیر افران	/	
_(agir.	1	<u> </u>	1 2 C	som 74		mc	בעם בעם	Cad	/ J	10/C/	<u>.c.a</u> 2∠		
_	<u>o</u>	<u> </u>	1:00	27	71	<u> </u>) 7 C	Chi	<u>د</u> ار ر	9 6	//		
_	fo	2(Mai	VII	City	110	1000 / 0	<u>-</u>	¥10	ulc	لا 5 دى	Y		
_		10+1	10 (1-P	مد	lis,	HU	110	1.	 			023 01	!-	
_												<u> </u>	3 <u>#</u> 	
_							(h	an	h 4.	sh	1,7=3.	 		
_		- 								 · · · ·	116	<u> မှာ</u>		
												05		
-								_	-, -,-					
Effectiv	ve date, i	f other th	an the da	te of fil	ing:				-	(optiona	i)	(0.5	. 0207
Note:	If the date	inserted in	date must be n this block	does no	ot meet the	e applica	o date of ible statu	tuing or tory fil	more man ing requi	90 days rement	s after finn s, this dat	e will n	ot be list	ed as t
docume	ent's effect	tive date o	n the Depa	rtment o	if State's i	records.								
e record	d specifies	a delaved	effective d	ate, but r	not an eff	ective tir	ne, at 12	:01 a .m	ı. on the e	earlier (of: (b) 1	The 90th	day afte	r the
rd is file		•		·										
Datad	0'	9/28	12.	3										
Dated_		1700												
				anatufe o	l'a member	r-of autho	rized renu	esentati	ve of a me	mber				
			Natho	211C	<u> </u>	ار کرا اما	C/\C	1 CU	_					

. . .

. . . .

Filing Fee: \$25.00