# L24000119115

(	Requestor's Name)
	(Address)
(	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	<u> </u>
(	(Business Entity Name)
	(Document Number)
Certified Conies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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## **CORPORATE** ACCESS,

## When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

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	CERTIFIED COPY	
XX	РНОТОСОРУ	
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XX	FILING	ILC AMEND
	MIAGREENWISE LLC CORPORATE NAME AND DOCUM	ENT #)
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PECIAI. I	NSTRUCTIONS:	

#### **COVER LETTER**

TO: Registration S Division of Co				
	ENWISE LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	AMIRA BENNAI			
		Name of Person	<del></del>	_
	BR Law Group LLC			
	<del></del>	Firm/Company		<del></del>
	1395 Brickell Avenue Suit	e 800		
		Address		_
	Miami FL 33131			
		City/State and Zip Code		_
	amira@brlawgrp.com	to be used for future annual	1	
For further information of	e-man address: ( concerning this matter, please c		report notification)	
Amira Bennai			02-0078	
Name o	of Person	at () Area Code	Daytime Telephone Numb	er
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certific closed) Certific	Filing Fee, cate of Status & ed Copy al copy is enclosed)
Mailing Addre		Street A		
Registration Division of 0		_	ration Section on of Corporations	
P.O. Box 632	•		entre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





August 30, 2024

**CORPORATE ACCESS** 

SUBJECT: MIAGREENWISE LLC Ref. Number: L24000119115

We have received your document for MIAGREENWISE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

What information is being changed for Manager Shekenase this individual is not currently listed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

RECEIVED
REP-3 AHIO:

Letter Number: 324A00019557

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 SEP -3 AM 9: 05

MIAGREENWISE LLC

(Name of the Limited Liability Company as it now appears on our records LLAHASSEE, FLORIDA

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	pany were filed on 03/13/2024	and assigned
Florida document number L24000119115		
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 l	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	'ESS
		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

<u>Title</u>	Name	Address	Type of Action
MGR	Shehenase Noura Zeghar	50 BISCAYNE BLVD 5408	⊠Add
		MIAMI FL 33132	
			□Change
MGR	ADIB BAHSA	50 BISCAYNE BLVD 5408	
		MIAMI FL 33132	■Remove
		<del></del>	Change
		<del></del>	
			□Remove
		·	
			□Remove
			□Change
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ective date, if other than the date of filing:  neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 to: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records.  The 90th day after the filed.  August 26  August 26  2024							<del>- £</del> P	_11
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Signature of a member or authorized representative of a member	ted		2024 —————	. •				
Signature of a member or authorized representative of a member	AD							
		177 1004 (6 33 FIX)						

## Amendment 1

Final Audit Report

2024-08-27

Created:

2024-08-27

By:

BR LAW GROUP (paralegal@brlawgrp.com)

Status:

Signed

Transaction ID:

CBJCHBCAABAAOI28YHU6cXUkmlluMBjKXquLArPgD9nh

## "Amendment 1" History

- Document created by BR LAW GROUP (paralegal@briawgrp.com) 2024-08-27 8:06:34 PM GMT
- Document emailed to adibbahsa@gmail.com for signature 2024-08-27 8:11:59 PM GMT
- Email viewed by adibbahsa@gmail.com 2024-08-27 8:37:11 PM GMT
- **⊘** Signer adibbahsa@gmail.com entered name at signing as Adib Bahsa 2024-08-27 8:38:08 PM GMT
- Oo Document e-signed by Adib Bahsa (adibbahsa@gmail.com)
  Signature Date: 2024-08-27 8:38:10 PM GMT Time Source: server
- Agreement completed.
   2024-08-27 8:38:10 PM GMT