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(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dusiness Estimates)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration Section

Division of Corp	orations				
subject: <u>Міа</u> ј	mi SLuchIES	11 6			
2003EC1:		ited Liability Company			
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Dalvat	11002020			
	tcale_t	Mendo 2a Name of Person			
		1			
	Miami SLUCI				
		Firm/Company			
	IWII NIE KA	iami PL Unit #	10/2		
	1724 105 14	Address	1804		
	Miami, FL	33/3/2 City/State and Zip Code			
	, ,	City/State and Zip Code	·		
	Pmrwindow	S@ gmail · Com to be used for future annual report not	Security		
		·	ification)		
For further information co	ncerning this matter, please co	all:	i. 10		
Day	- A. (70 - 60 0	-76		
Name of	Mendoza Person	at (<u>+20</u>) <u>841 - 9</u> Area Code Daytin	5 +4 ne Telephone Number		
Traine of	. 61.00	7 ii ca Code Dayiii	ic receptione realities		
Enclosed is a check for the	following amount:				
☐ \$25.00 Filing Fee	(\$\$\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
		(additional copy is enclosed)	(additional copy is enclosed)		
Mailing Address:		Street Address:			
Registration Section		Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, F			oe Street, Suite 810		
			• - · · · · · · · · · · · · · · · · · ·		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami	>luchies LL			
(Name of the Email	d Liability Company a A Florida Limited Liabi	lity Company)	r recorus.)	
The Articles of Organization for this Limited Li.		re filed on <u>04/08</u>	1/2024	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
Miami Slushies LLC				
The new name must be distinguishable and contain the we	ords "Limited Liability (Company," the designation	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE)	<u>TADDRESS)</u>			-)
Enton novembre address if anythoughter	_			
Enter new mailing address, if applicable:	_			1
(Mailing address MAY BE A POST OFFICE I	<u> </u>		-	
	_			
B. If amending the registered agent and/or reagent and/or the new registered office addres		ress on our records	, enter the nam	e of the new registered
	<u> </u>			
Name of New Registered Agent:	Hedro I N	lendo2a		
New Registered Office Address:	1424 NE	Miami PL Enter Florida stree		1802
	Mi	ami	, Florida	331312
		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 Changing Registered Agent, Signature of New Registered Agent

Pe date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than fit date in this block does not meet the applicable statutory filing requirint's effective date on the Department of State's records.			
ctive date is listed, the date must be specific and cannot be prior to date of filing or more than f the date inserted in this block does not meet the applicable statutory filing requirent's effective date on the Department of State's records.			
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05/02 . 2024 .			
15/02 , 2014 . Ted & x creens			
Signature of a member or authorized representative of a me			

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>	Address	Type of Action
M6R	Pedro I Mendoza	5905 S Post Rd, Oklahoma City OK 73150.	XAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
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