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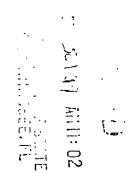
(Re	questor's Name)	
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Office Use Only



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07/11/21

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	RAGEOUT MI	AMI LLC	
3000EC1.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JC	Hernandez	
	Luxe C	apital A C COUntiv	ng
	8870 SW	40 St Ste. 9	
	Miami, F	L 33165 City/State and Zip Code	
	into @ [[JXC Capital CO. CO to be used for future annual report not	(fication)
For further information of	oncerning this matter, please ca		
	ler nardez of Person	at (<u>305</u>) <u>433 -</u> Area Code Daytin	5054 ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (adultional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632)*/	The Centre of 1	Lallahaccee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAGEOUT MIA	MI UC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on d Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Companies L24000217787	ny were filed on <u>05</u>	09/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liai	bility Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u>. </u>	, ,
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			——————————————————————————————————————
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our recor	ds, <u>enter the name</u>	, -
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet 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

<u>Title</u>	Name	Address	Type of Action
MGR	LIAM CEUZ	21410 SW 89th Ct	_ bAdd
		CUHER BOY, FL 33189	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			□Add
			□Remove
			□ Change

	nntp	: Addin	g additional	Attach additional sheets, MCMbCT	, , , , , , , , , , , , , , , , , , , ,
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in effectiv ote: If th	e date is listed, the re date inserted	in this block does	fic and cannot be prior to da	te of filing or more than 90 day	(optional) ys after filing.) Pursuant to 605.0207 its, this date will not be listed as
ecord spe is filed.	ecifies a delayec	l effective date, bu	ut not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
ted	Augu	St 27	10. 12024		
		Signstrues	of a member or authorized	representative of a member	
		Signature	,	Hernandez	1

Filing Fee: \$25.00