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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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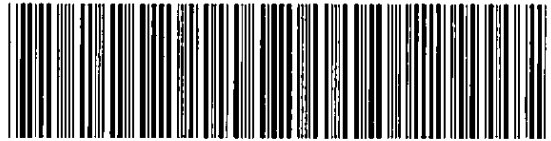
(Business Entity Name)

(Document Number)

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2024 AUG 30 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIOCOTTON LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE THOMAS CPA
Name of Person

THOMAS & CO: CPA PA
Firm/Company

9710 STIRLING RD, STE 101
Address

COOPER CITY, FL 33004
City/State and Zip Code

preethy@jttcpa.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE THOMAS at 954 - 435-72
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

2024 AUG 30 PM 3:14
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIO COTTON 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 07/16/2024 and assigned Florida document number L24000316321

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A.

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:

(Principal office address MUST BE A STREET ADDRESS)

9710 STIRLING RD
STE 101
COOPER CITY
FLORIDA 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9710 STIRLING RD
STE 101
COOPER CITY
FLORIDA 33024

N/A

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:

New Registered Office Address:

9710 STIRLING RD, STE 101
Enter Florida street address
COOPER CITY Florida 33024
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

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

(Only changing address)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	GALVAN HEIGHES, MARIA P.	9710 STIRLING RD STE 101 COOPER CITY, FLORIDA 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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2024 AUG 30 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG 30
SECRETARY
TALLAHASSEE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 8/22/2024, _____

Authorized representative of a n

JOSE THOMAS CPA
Typed or printed name of signee