## L25000094352

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





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## **COVER LETTER**

TO:	Registration Secti Division of Corpo			
SUBJE	СТ:	Name of Limite	d Liability Company	
The end	losed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please r	eturn all correspond	ence concerning this matter to	the following:	
		F1aaic	Name of Person	
			Firm/Company	
		450 5	Shope Dr. Address	
			3coch FL 3 City/State and Zip Code	3141
		E-mail address: (to	be used for future annual report notif	ication)
For furt	her information con-	corning this matter, please call	Ŀ	
	Name of Pe	D-IVI FRRE	at (305) 56A Area Code Daytime	86.36. Telephone Number
	ed is a check for the t	ollowing amount:  ☐ \$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

## ARTICLES OF AMENDMENT TO

ARTICLES OF O	RGANIZATION
Ol	P
	υ,
NESTWEST	LC
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on <u>FCB 25th 25</u> and assigned
Florida document number <u>L25 C000 S6352</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
MIGRIC PINIFPRE	U.C.
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
inding marcis mar De ATMIT OF THE 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:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flo	oridaZip 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:

4.0

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

<u>1 me</u>	<u>ivame</u>	Address	1 ype of Action
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<u> </u>	e date, if other than the date of filing:	u as
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the:
		the
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
		the

Filing Fee: \$25.00