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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Ŧ

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. \*\* Email Address: \_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAG TITLE, LLC

| Certificate of Status | 0       |
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

## SECTION I (1-4 must be completed)

| New Registered Office Address:   | Enter Florida Street Address                                |
|--|---|
| Name of New Registered Agent:  | <u> </u>  |
| <ul> <li>If amending the registered agent and/or register<br/>registered agent and/or the new registered office a</li> </ul> | ed officer address on our records, enter the name of the ne |
| opy of the written consent of the managers or ma<br>must contain "Limited Liability Company," "L.L.                          |   |
| (mus   | t contain "Limited Liability Company, " "L.L.C., or "LL     |
| ECTION II (5-9 complete only the applicable)  New name of the limited liability company:  [missing]                          | fiamigo Title LLC   |
| . Date authorized to do business in Florida: 09/1  |   |
| . Jurisdiction of its organization: Delaware 09/1  | 12/2022   |
| . The Florida document number of this limited lia  | ability company is:   |
|  | Pembroke Pines, FL 33029                                    |
| Mailing address<br>MAY BE A POST OFFICE BOX)   | Bumbanha Biana St. 22000                                    |
| Enter new mailing address, if applicable:  | 17794 SW 2nd Street   |
| Principal office address<br>(UST BE A STREET ADDRESS)  | Pembroke Pines, FL 33029                                    |
| nter new principal office address, if applicable:  | 17794 SW 2nd Street   |
|  |   |

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 the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change: |                                     |  |                |  |  |
|--|-------------------------------------|--|----------------|--|--|
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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PAG TITLE, LLC" FILED

A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MIAMIGO TITLE

LLC", ON THE SIXTH DAY OF FEBRUARY, A.D. 2023, AT 3:16 O'CLOCK

P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIAMIGO TITLE LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

STATE AND STATE

Authentication: 203332261

Date: 05-11-23

6973659 8321 SR# 20231970695