

Florida Department of State
Division of Corporations
Electronic Cover Sheet
L12000045353

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000090433 3)))



H13000090433ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNTANT & MANAGEMENT INC
Account Number : I20110000070
Phone : (305)541-3980
Fax Number : (305)541-7033

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2013 APR 22 AM 9:49
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MULTIRED AMERICA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
13 APR 22 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 23 2013
D. BRUCE

H13000090433 3
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MULTIRED AMERICA 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:

MOSES NAE

Name of Person

ACCOUNTANT & MANAGEMENT INC

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOSES NAE

Name of Person

at **305 541-3980**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
 2018 APR 22 AM 9:49
 SECRETARY OF STATE
 TALLAHASSEE, FL

H13000090433 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MULTIRED AMERICA 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 04/03/2012 and assigned
Florida document number L12000045353

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE 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

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 608, 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

FILED
2018 APR 22 AM 9:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PRYLUK, RUBEN H	9631 SPANISH WELLS WAY #3925	<input type="checkbox"/> Add
		BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Remove
MGRM	TSUTSUMI TANABE, ARMANDO T	9631 SPANISH WELLS WAY #3925	<input type="checkbox"/> Add
		BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Remove
MGRM	Multired B.V.	1549 NE 123RD ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 APR 22 PM 9:49
 DEPARTMENT OF STATE
 TALLAHASSEE FLORIDA
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated APRIL 22, 2013



Signature of a member or authorized representative of a member

RUBEN H PRYLUK

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

2013 APR 22 AM 9:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED