

L13000016103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

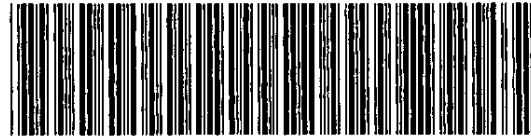
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SECRETARY OF STATE
JULIA S. SULLIVAN

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M&L IMPORTS AND EXPORTS 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:

ALEXANDRA LOZANO

Name of Person

TELEXPRESS

Firm/Company

10253 NW 53 Rd ST

Address

SUNRISE FL 33071

City/State and Zip Code

LYNNLOZ@LIVE.COM

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

For further information concerning this matter, please call:

Alexandra Lozano

Name of Person

954 530-5213

at ()

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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

M&L IMPORTS AND EXPORTS 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 01/30/2013 and assigned Florida document number L13000016103.

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)

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TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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

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

As decision unanimous of the partners has been agreed the following distribution utilities :

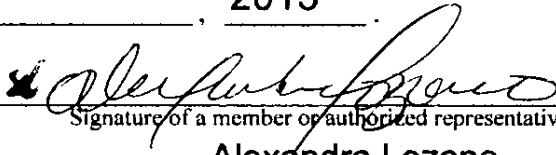
MAURICIO LAMA 55%-MARGARETH LIBEER 25% ALEXANDRA LOZANO 20 %

Change address for Mauricio Lama and Margareth Libeer:

7386 NW 116th LN ParkLand FL 33076

Adress of Alexandra Lozano:9112 NW 81 Place.Tamarac FL 33321

Dated February 4, 2013



Signature of a member or authorized representative of a member

Alexandra Lozano

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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COMMISSIONER, FLORIDA

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