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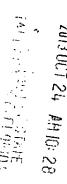
(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

10	:

Registration Section
Division of Corporations

SUBJECT:

Mapu 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:

Mireya Vega	3	
	Name of Person	
	Firm/Company	
2975 SW 12	9 Avenue	
	Address	
Miami, FL 33	3175	
<del> </del>	City/State and Zip Code	7 20
E-mail address: (t	to be used for future annual report notification)	2013 OCT 24
For further information concerning this matter, please ca	all:	24
Mireya Vega	<sub>at (</sub> 305 <sub>)</sub> 226-0827	1) 
Name of Person	Area Code & Daytime Telephone Number	10: 28

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mapu LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our recordinited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability C	ompany were filed on 9/11/13	and assigned
Florida document number L13000128968		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
Murvega LLC		
The new name must be distinguishable and end with the work L.L.C."	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	20
		: ' \( \)
		124
Inter new mailing address, if applicable:		•
Mailing address MAY BE A POST OFFICE BOX)		
		0: 2 0: 2
		3, 8
<ol> <li>If amending the registered agent and/or registegistered agent and/or the new registered office addr</li> </ol>	ered office address on our records, g	enter the name of the ne
Secretary and the new registered office addi-	ess nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	, Flor	ida Zip Code
	City	Zip Coae

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

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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	YV(X X X
	Signature of a member of authorized representative of a member
	Manuel Vega
	MIGNIO VONG

Page 3 of 3

Filing Fee: \$25.00

