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

T.C.



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date: 04/17/2019 | |
|--|----------|
| Name: Merritt Walker | |
| Reference #: 1071419 | |
| Entity Name: MUMI, LLC | |
| Articles of Incorporation/Authorization to Transact Busine | 2019 APR |
| ✓ Amendment☐ Change of Agent | PR 17 |
| Reinstatement | AM 8 |
| Conversion | 8: 37 |
| ☐ Merger | |
| ☐ Dissolution/Withdrawal | |
| Fictitious Name | |
| Other | |
| | |
| Authorized Amount: \$ 25 | |
| Signature: | |

P: 800.221.0102

F: 800.944.6607

COVER LETTER

| O: Registration S Division of Co | | | | | |
|-------------------------------------|--|---|------------------|----------------|-----|
| MUMI, L | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | Maria Acevedo, Esq. | | | | |
| | | Name of Person | | - | |
| | Acevedo Belt, P.A. | | | | |
| | | Firm/Company | | 20 | |
| | The Four Seasons Office 1 | Cower, 1441 Brickell Avenue | | 2019 APR 1 | |
| | | Address | | | FEA |
| | Miami, Florida 33131 | | | AK | |
| | | City/State and Zip Code | | , œ | |
| | maria@abbattorneys.com | | | ့ ယ | |
| | E-mail address: (| to be used for future annual report notifi | ication) | | |
| for further information (| concerning this matter, please c | all: | | | |
| María Acevedo, Esq. | | 305 396-4282 | | | |
| Name o | of Person | Area Code Daytime | Telephone Number | - | |
| Enclosed is a check for t | the following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | |
| МАН | ANG ADDRESS: | STREET/COURII | ER ADDRESS: | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

n Envelope ID: 5AF7AB14-109E-48B9-AB22-58C6A69C0E77 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MUMI, LLC | | |
|---|--|-----------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L14000121167}{L14000121167}$. | were filed on August 1, 2014 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1951 NW 7th Ave | *** |
| (Principal office address MUST BE A STREET ADDRESS) | 6th Floor | 26 |
| | Miami, Florida 33136 | A P |
| Enter new mailing address, if applicable: | 1951 NW 7th Ave | AND FILED |
| (Mailing address MAY BE A POST OFFICE BOX) Miami, Florida 33136 | 6th Floor | |
| | . ω . ω | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Flori | .1 |

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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope 1D: 5AF7AB14-109E-48B9-AB22-58C6A69C0E77
11 amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|-----------------------------|--------------------|
| MGR | Gabriela Mekler | 1130 NE 91st Terrace | Add |
| | | Miami Shores, Florida 33138 | 🖸 Remove |
| | | | Change |
| MGR | Maribel Moreno | 600 Grapetree Drive | |
| | | Apt 5GN | Remove |
| | | Key Biscayne, Florida 33149 | ☐ Change |
| MGR | Joel Minski | 1815 Griffin Road | ■ Add |
| | | #404 | 2019 Resmove |
| | | Dania Beach, Florida 33004 | PR Financia |
| MGR | David Anchislavsky | 1951 NW 7th Ave | A TO SEE CO. |
| | | 6th Floor | ω ⊗ □ Remove |
| | | Miami, Florida 33136 | Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |
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| Effective date, if other t | han the date of t | filing: | or to date of filing (| (0 | ptional) after filing) Pursuan | 1 to 605.020 |
| Note: If the date inserted indocument's effective date | in this block does | not meet the appl | icable statutory f | ling requirements. | , this date will not | be listed a |
| document 5 effective date | | | | | | |
| the record specifies a control The 90th day after t | delayed effecti the record is fi | ve date, but r led. | ot an effectiv | e time, at 12:0 | 01 a.m. on the | earlier o |
| Dated April 16 | | 2019 | | | | |
| Dated April 10 | | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00