

L14000121167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

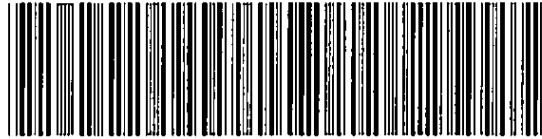
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A. BUTLER

OCT 24 2022



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F: 866.625.0839  
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Account#: I20000000088

Date: 10/21/2022

Name: Merritt Walker

Reference #: 1813243

Entity Name: MUMI, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25

Signature: 



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☐ Other \_\_\_\_\_

Authorized Amount: \$25

Signature: *MW*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MUMI, 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:

Maria Acevedo, Esq.  
\_\_\_\_\_  
Name of Person  
  
ACEVEDO BELT, P.A.  
\_\_\_\_\_  
Firm/Company  
  
1441 Brickell Avenue, Suite 1400  
\_\_\_\_\_  
Address  
  
Miami, FL 33131  
\_\_\_\_\_  
City/State and Zip Code  
  
maria@acevedobelt.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Acevedo, Esq. 305 396-4282  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

MUMI, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2022 OCT 21 AM 9:47

TALLAHASSEE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 1, 2014 and assigned Florida document number L14000121167.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

21500 Biscayne Blvd.

Suite 600

Aventura, FL 33180

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

21500 Biscayne Blvd.

Suite 600

Aventura, FL 33180

**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:**

Joel Minski

**New Registered Office Address:**

21500 Biscayne Blvd., Suite 600

*Enter Florida street address*

Aventura

*City*

Florida 33180

*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 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.*

DocuSigned by:

Joel Minski

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 47D74351-70B7-4762-BD03-7ADAE14EE5A2  
If amending Authorized person(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>	<u>Address</u>	<u>Type of Action</u>
MGR/CE	Gabriela Mekler	23 Dianthus Drive	<input type="checkbox"/> Add
		Asheville, North Carolina 28803	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Maribel Moreno	600 Grapetree Drive, Apt 5GN	<input type="checkbox"/> Add
		Key Biscayne, Florida 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joel Minski	21500 Biscayne Blvd.	<input type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 20 2022.

Joel Minski

-DC3DF78/3673483

Signature of a member or authorized representative of a member

Joel Minski, Manager/Authorized Representative of a Member

Typed or printed name of signee

**Filing Fee: \$25.00**