L10000017188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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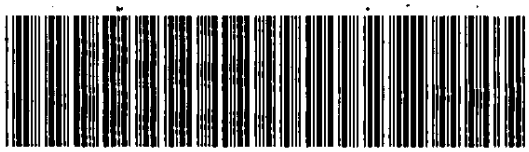

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2010 AUG -2 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG - 3 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYMA BUSINESS CONSULTANT, L.L.C.
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:

FADEL MUCI
Name of Person

CYMA BUSINESS CONSULTANT, L.L.C.
Firm/Company

2335 NW 107 AVE. STE. MB42
Address

MIAMI FL 33172
City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 AUG -2 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CYMA BUSINESS CONSULTANT, L.L.C.
(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 02/15/2010 and assigned Florida document number L10000017188.

This amendment is submitted to amend the following:

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

N/A

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)

2335 NW 107 AVE. STE. MB42
MIAMI FL 33172

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2335 NW 107 AVE. STE. MB42
MIAMI FL 33172

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: N/A

New Registered Office Address: 2335 NW 107 AVE. STE. MB42
Enter Florida street address

MIAMI, Florida 33172
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

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

Title	Name	Address	Type of Action
MGRM	Fadel Mucl	2101 BRICKELL AVE APT 2208 MIAMI FL 33129	☐ Add ☑ Remove
MGR	Vivian Torres de Mucl	2101 BRICKELL AVE APT 2208 MIAMI FL 33129	☐ Add ☑ Remove
MGRM	Cyma Business Development C.A.	URB VALLES DE CAMORUCO AVE 106 #121-260 NIVEL 5 OFICINA 4 VALENCIA, VENEZUELA 2020	☑ Add ☐ Remove
MGR	Fadel Mucl	URB VALLES DE CAMORUCO ED. LANZAROTE APT. 12-A VALENCIA VENEZUELA 2002	☑ Add ☐ Remove
MGR	Faviana Roversi	10949 NW 62 TER DORAL FL 33178	☑ Add ☐ Remove
			☐ Add ☐ Remove

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

N/A

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TALLAHASSEE, FLORIDA

Dated JULY 15, 2010

Signature of a member or authorized representative of a member

FAVIANA ROVERSI
Typed or printed name of signee

Filing Fee: $25.00