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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SURIFCE

## 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

954 530-5213

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

	RTS AND EXPORTS LLC  ty Company as it now appears on our a Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L13000016103</u>	Company were filed on 01/30/20	13 and a	assigned	
This amendment is submitted to amend the following:			-	
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or th	e abbreviation	on
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	PRESS)	, 14#	200	
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		2-	WP	****
Enter new mailing address, if applicable:		9.5 6.5	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
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B. If amending the registered agent and/or registered agent and/or the new registered office ad		ords, <u>enter the name</u>	of the ne	w
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	Zip Co	de	

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.

D. If a	mending 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 op authorized representative of a member		
	Alexandra Lozano		
	Typed or printed name of signee		
	Page 3 of 3		
	Filing Fee: \$25.00		