Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000158574 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

Tos

Division of Corporations

Fax Number : (850)205-0383

From:

: CARLTON FIELDS Account Name Account Number : 076077000355 Phone : (813)223-7000

Fax Number : (813)229-4133

LIMITED LIABILITY AMENDMENT

MUNDO HOLDINGS, OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

1103000158574 1

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limits	ed liability company is:	MUNDO HOLDINGS, OF FLORII	JA, LLC	
		npany is: 5781 SW 27 STREET	-	
MIAMI, FL 33155			F. S	₹.
				<u>-</u>
02/07/2001		L01000002002		ر <u>ک</u>
3. Date of filing/registrat	ion in Florida	4. Document number)
5. The name of the register Florida Department of	ered agent and the regists State:	ered office address as shown on the re		<u>.</u>
	AMERICAN INFORM	MATION SYSTEMS, INC.	03/0/	
	ONE SE THIRD AVE	Name E, 28TH FLOOR	<u> </u>	
		Address		
	MIAMI, FL 33131	state and Zip		
6. The name and address	_	<u>-</u>		
	MIGUEL A. MASPO			
	N	ame		
	5965 SW 100 STRE			
	Florida street address ((P.O. Box NOT acceptable)		
	MIAMI, FL 33156	FL		
	City, Sta	nte and Zip		
If the limited liability com- confirmed that after the ch- and the business office of liability company, it is her the members of the limited the operating percentage of	pany is not organized un lange or changes are mad the registered agent will by confirmed that the c d liability company or as f the limited liability cor	nder the laws of the State of Florida, it de, the Florida street address of the re- be identical. Or, in the case of a Flor shange(s) was/were authorized by an a sotherwise provided in the articles of appany.	is hereby sistered office ida limited ffirmative vote c organization or	of
(Signature of a promiser of authori	and representative of a member)			
MIGUELA. MASPONS	5			
(Printed or typed name of signee)	_			
: <u>[[] </u>	ntment as registered age s of all statutes relative to a comment is being file that the limited liability the limited liability.	ent and agree to act in this capacity. It is the proper and complete performant of my position as registered agent as led to merely reflect a change in the recompany has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change,)
(Signature of Registered Agent)				
Division	-	. Box 6327, Tallahassee, FL 32314		
nereconstant	EN INC	TEED, COE OO		