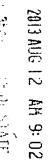
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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J. SAULSBERRY EXAMINER AUG 14 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

MUJOR, 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:

NADIA MUSZAK

Name of Person

MUJOR, LLC

Firm/Company

444 BRICKELL AVE., SUITE 828

Address

MIAMI, FL 33131

City/State and Zip Code

fabio_alfonso@yahoo.com

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

For further information concerning this matter, please call:

FABIO ALFONSO

305 416-3040

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

	MUJOR, LLC		
(Name of the Limited	I Liability Company as it now app A Florida Limited Liability Company	ears on our records.) y)	 -
The Articles of Organization for this Limited L Florida document numberL0500034	iability Company were filed on _	04/07/2005	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company l	<u>here</u> :	
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Con	npany," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applie	cable:		7.3 2
(Principal office address MUST BE A STREE	ET ADDRESS)		3
			2
			三 章 江
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE	<u></u>		-
			70
B. If amending the registered agent and registered agent and/or the new registered of		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	NADIA MUSZAK		
New Registered Office Address:	444 BRICKELL AV	E., SUITE 828	
New Registered Office Address.		Enter Florida street ac	ldress
	MIAMI	, Florida 🔄	33131
	City		Zip Code
New Degistered Agent's Signature if changing	Degistered Agent:		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JORGE MIGUEL MUSZAK	444 BRICKELL AVE.,	Add
		SUITE 828	Remove
		MIAMI, FL 33131	
MGR	SUSANA BEATRIZ CANTARELLA	444 BRICKELL AVE.,	Add
		SUITE 828	Remove
		MIAMI, FL 33131	
MGR ALEJANDRO MUSZAŁ	ALEJANDRO MUSZAK	444 BRICKELL AVE.,	Add
		SUITE 828	Remove
		MIAMI, FL 33131	AUG
			⊼ Nadd .
			Remove
			Ter Indicate
			— Add
			Remove
			Remove
			— ————————————————————————————————————
			Remove

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
ated	AUGUST 7 2013
	Signature of a member or authorized representative of a member NADIA MUSZAK
	Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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