

LOS 000057996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600114510226

01/09/08--01013--011 **25.00

2008 JAN -9 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

JAN 10 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MURIEL & ASSOCIATES 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:

JAIME MURIEL
(Name of Person)

MURIEL & ASSOCIATES LLC
(Firm/Company)

9560 EDEN MANOR
(Address)

PARKLAND, FL 33076
(City/State and Zip Code)

For further information concerning this matter, please call:

JAIME MURRELL
(Name of Person)

at (954) 234-3870
(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

2008 JAN -9 AM 10:57
FILED
TALLAHASSEE, FL 32301
SECRETARY OF STATE

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

MURIEL & ASSOCIATES LLC
(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 JUNE 13, 2005 and assigned Florida document number 205000057996

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, Florida

(City)

(Zip Code)

FILED
2009 JAN -9 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

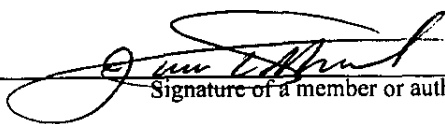
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADRIANA BREER	10800 BISCAYNE BLVD STE 420 MIAMI, FL 33161	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LUIS GONZALEZ	6820 LYONS TECHNOLOGY CR STE 150 COCONUT CREEK, FL 33076	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
2008 JAN -9 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated JANUARY 2, 2008


Signature of a member or authorized representative of a member
JAIME MURRIEL
Typed or printed name of signee