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(Requ	estor's Name)	
(Adda	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ıment Number)	-
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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10/17/18--01008--003 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Scent Asous Name of Person Samor Investment LLC Firm/Company Dond Blad & PH2811 Address Aventura FL 33160	
Trsmore a hotmail. can	
E-mail address: (to be used for future annual report notification)	1
For further information concerning this matter, please call:	
To Sept Asovs at (30) 401.2347 Area Code Daytime Telephone Number	ゴ フ
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$	

MAILING ADDRESS:

TO:

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

Mun	V Investment UC	
(Name of the Limited	iability Company as it now appears on our records.) Florida Limited Liability Company)	
	m da/n	
The Articles of Organization for this Limited Liabi		and assigned
Florida document number	272	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word.	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BO		
		
	registered office address on our records, enter	the name of the new
registered agent and/or the new registered office	e address here:	r'7 * }
		- 1
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	> 7-4
	, Florida	ب ب
•	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MSK	Joseph Hous	250 Williams Sland Flet #2811 Aventura 92 33160	Add
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fective date, if other than the date of filing:			(optional)	` `	ご
on effective date is listed, the date must be specific and cannot one: If the date inserted in this block does not meet the cument's effective date on the Department of State's	be prior to date e applicable sta	of filing or more than	90 days after filing	.) Purstiant	to 605.0207 be listed as
record specifies a delayed effective date, l	but not an e	effective time, a	t 12:01 a.m.	on the	earlier o
The 90th day after the record is filed.					
(A) 10 7 9 10					
The 90th day after the record is filed. ated	orautherized r	presentative of a me	nber		

Page 3 of 3

Filing Fee: \$25.00