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DIVISION OF CORPORATIONS

11 MAY 26 PM 1:47

T. HAMPTON

MAY 8 7 2811

EXAMINER

COVER LETTER

10:	Division of Corporations			•	
, SUBJE		MITIM	NER, LLC		
		Name of Limite	d Liability Company		
The en	closed Articles of Amendmen	t and fee(s) are subm	nitted for filing.		
Please	return all correspondence con-	cerning this matter to	o the following:		
			Imre Szafrics		
			Name of Person		
			Firm/Company		
		4	125 Wittenridge Ct		
			Address		
			City/State and Zip Code		
imre@imworldservices.com E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning th	•	·	,	
	Imre Szafri	cs	at (52-8780	
	Name of Ferson		Alea Code de Dayume 1	elephone (value)	
Enclose	ed is a check for the following	amount:			
\$25		Filing Fee & ificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

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FILED SECRETARY OF STATE UVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO 11 MAY 26 PM 1:47 ARTICLES OF ORGANIZATION OF

	MITINER, LLC			
(Name of the Limited (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Lia	ability Company were filed on	06/25/2008	and assigned	
Florida document number L08000062	257			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company her	<u>·e</u> :		
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET	TADDRESS)			
Enter new mailing address, if applicable:		-		
(Mailing address MAY BE A POST OFFICE E	<u> </u>			
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on o ice address here:	our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	- Chin	, Florida	7: 0 1	
	Citv		Zin 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action MGRM FAZEKAS, GYORGY **RAKOCZI UT 31** ☐ Add BEKESCSABA, HUNGARY HU 5600 Remove MGRM FAZEKAS, ROBERT MUNKACSY U 33 □ Add √ Remove OKANY, HUNGARY HU 5534 MGRM Fazekasne, Pilan Edina Rakoczi utca 29 **✓** Add BEKESCSABA HUNGARY 5600 Remove MGRM Ujhelyi, Kitti Fanni Rakoczi utca 29 **✓** Add BEKESCSABA, HUNGARY, 5600 Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Pilan Edina Fazekasne, MGRM

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00