

30-Apr-2014 12:44

Snyder Groisman P.A.

From: +17862337899

p.1

4/30/2014

L08000093362

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICES OF JENNIFER SNYDER
Account Number : 120120000060
Phone : (786) 899-2880
Fax Number : (786) 899-2890

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Melissa@SnyderGroisman.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MUFE, LLC

Certificate of Status	0
Certified Copy	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUFE, 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 10/02/2008 and assigned Florida document number 08000093362.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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: SNYDER GROISMAN PA

New Registered Office Address: 20801 BISCAYEN BLVD. SUITE 403

Enter Florida street address

AVENTURA Florida 33180

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	FERRAGGINA, CARLOS A	19370 Collins Ave. CU1	☐ Add
-----	----------------------	------------------------	------------------------------

Sunny Isles Beach, FL 33160  Remove

MGR	FERRAGGINA, NICOLAS	19370 Collins Ave. CU1
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Sunny Isles Beach, FL 33160 ☐ Remove

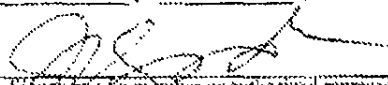
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☐ Remove☐ Add☐ Remove☐ Remoye

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 30 2014



Signature of a member or authorized representative of a member

JENNIFER SNYDER, AUTHORIZED AGENT

Typed or printed name of signer

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