

L10000017188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

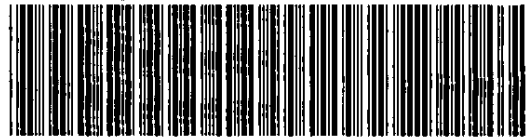
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2010 AUG -2 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG - 3 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYMA BUSINESS CONSULTANT, L.L.C.
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:

FADEL MUCI

Name of Person

CYMA BUSINESS CONSULTANT, L.L.C.

Firm/Company

2335 NW 107 AVE. STE. MB42

Address

MIAMI FL 33172

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ()

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

FILED

2010 AUG -2 PM 12:02

CYMA BUSINESS CONSULTANT, L.L.C.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/15/2010 and assigned
Florida document number 210000017188

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

2335 NW 107 AVE. STE. MB42

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33172

Enter new mailing address, if applicable:

2335 NW 107 AVE. STE. MB42

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33172

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:

N/A

New Registered Office Address:

2335 NW 107 AVE. STE. MB42

Enter Florida street address

MIAMI

Florida

33172

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 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>
MGRM	Fadel Muci	2101 BRICKELL AVE APT 2208 MIAMI FL 33129	☐ Add ☒ Remove
MGR	Vivian Torres de Muci	2101 BRICKELL AVE APT 2208 MIAMI FL 33129	☐ Add ☒ Remove
MGRM	Gyma Business Development C.A.	URB VALLES DE CAMORUCO AVE 106 #121-260 NIVEL 5 OFICINA 4 VALENCIA, VENEZUELA 2020	☒ Add ☐ Remove
MGR	Fadel Muci	URB VALLES DE CAMORUCO ED. LANZAROTE APT. 12-A VALENCIA VENEZUELA 2002	☒ Add ☐ Remove
MGR	Faviana Roversi	10949 NW 62 TER DORAL FL 33178	☒ Add ☐ Remove
			☐ Add ☐ Remove

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

N/A

Dated

JULY 15

2010

Signature of a member or authorized representative of a member

FAVIANA ROVERSI

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA