## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : 120120000052 Phone : (305)591-9180

Fax Number : (305)591-9167

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIKONOS WORLDWIDE, LLC.

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06/26/13 12:57PM JELEN ACCOUNTING SERVICES INC

MIKONOS WODI DWIDE LLC

7(305) 591-9167 FILED p.02

2013 JUN 26 AN 8 30

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability (A Florida L	Company as it now appears: Imited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L1000062499</u>	ompany were filed on 06/	112010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here	ħ
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	,	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Ent	er Florida street address
		, Florida
Wall of Michigan	City	Zip Code
Now Decistored Ament's Cianature of changing Projetured	I Amanda	

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

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(305)	591	-9167
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06/26/13 12:57PM JELEN ACCOUNTING SERVICES INC けいのいいけつとせいる

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>	Address	Type of Action
MGRM	MIGUEL LOSADA	701 SW 128 AVENUE	Add
Promptory managed or the Managed		APT 302	Remove
		PEMBROKE PINE, FL. 33027	hammed 2 coases / C
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			Remove

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If amending any other information	, enter change(s) here: (Attach additional sh	eets, if necessary.)
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MAX CASALTA	ite of a memori of authorized representative of a f	HOLLING!
THE PERSON NAMED OF THE PERSON NAMED IN THE PE	Typed or printed name of signee	

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