1/6/2020



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MUI FLORIDA, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Mui Florida, LLC	
(Name of the Limites	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 11/07/2011	and assigned
Florida document number L11000126745		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
•		77 S S S
The new name must be distinguishable and contain the	da "Limited Liability Company," the designation "LLC" or	<u> </u>
And the manuscript of crising industries and contain the moti	cal "Limited Liability Company," the designation "LLC" or	the abbreviation, L.L.C.
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	7
		0.10
P-4		
Enter new mailing address, if applicable:		12
(Mailing address MAY BE A POST OFFICE BO	230	
B. If amending the variety and agent and/an and	fotomed = 600 = 3.3.	
B. If amending the registered agent and/or registered agent and/or the new registered office address h	istered office address on our records, enter the	name of the new registered
The state of the s	ici c.	
Name of New Registered Agent:		
Name Province d Coff on 1.11		
New Registered Office Address:	Faire Flanks	
	Enter Florida street address	
_	, Florida	ł
	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>	Name	Address	Type of Action
AMBR	Joseph A. Spiriti Jr.	15165 NW 77th Avenue	₩Add
		Suite 1001	□Remove
		Miaroi Lakes, Florida 33014	□ Change
MGR	Joseph A. Spiriti Jr.	15165 NW 77th Avenue	
		Suite 1001	■ Remove
		Miami Lakes, Florida 33014	☐ Change
			□Add
			□Remove
			OChange
			Remove
		· .	□ Change
			DAdd
			□Remove
<del></del>			□Add
			□Remove
	•		□ Change

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ective date, if other than effective date is listed, the date te: If the date inserted in thi ument's effective date on the	the date of filing:  must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 s block does not meet the applicable statutory filing requirements, this date will not be 1 c Department of State's records.
cord specifies a delayed effects filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at
ed 01/03	2020
	Signature of a member of authorized representative of a member

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