

4/17/2020

Division of Corporations

# L110026743

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

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

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

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Corporate Filing Menu

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APR 21 2020

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4/20/2020 9:59:12 AM PAGE 1/001 Fax Server



April 20, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MUI FLORIDA, LLC  
7855 NW 12TH STREET  
SUITE 218  
DORAL, FL 33126

SUBJECT: MUI FLORIDA, LLC  
REF: L11000126745

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to list the date of filing in the space provided. Our records show November 7, 2011.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: B20000113414  
Letter Number: 420A00008163

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mui Florida, LLC

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

2020 APR 20 AM 10:45

The Articles of Organization for this Limited Liability Company were filed on Nov. 7, 2011 and assigned Florida document number 211000126745.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

**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:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Joseph A. Spiriti Jr.	15165 NW 77th AVE, Suite 1001	<input type="checkbox"/> Add
		Miami, FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TBDMARIE, Inc	15165 NW 77th AVE, Suite 1001	<input type="checkbox"/> Add
		Miami, FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mui Chi Yeung	15165 NW 77th AVE, Suite 1001	<input checked="" type="checkbox"/> Add
		Miami, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2020 APR 20 AM 10:45

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

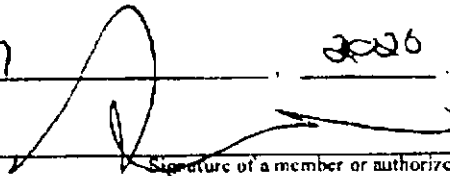
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

4/17/2020



Signature of a member or authorized representative of a member

Mui Chi Young

Typed or printed name of signer

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Filing Fee: \$25.00