

L11000126745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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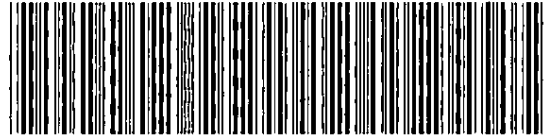
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: MUI FLORIDA, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH A. SPIRITI JR

\_\_\_\_\_  
Name of Person

MUI FLORIDA, LLC

\_\_\_\_\_  
Firm/Company

7850 NW 146th St. Suite 508

\_\_\_\_\_  
Address

Miami Lakes, FL 33016

\_\_\_\_\_  
City/State and Zip Code

INFO@CSGFIRM.COM

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

For further information concerning this matter, please call:

JOSEPH A. SPIRITI JR

305

463-8808

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATE OF FLORIDA  
TALLAHASSEE, FL

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**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)

Articles of Organization for this Limited Liability Company were filed on 11/07/2011 and assigned  
Florida document number LI1000126745.

This amendment is submitted to amend the following:

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

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

7850 NW 146th St, Suite 508

**Principal office address MUST BE A STREET ADDRESS**

Miami Lakes, FL 33016

**Enter new mailing address, if applicable:**

7850 NW 146th St, Suite 508

**Mailing address MAY BE A POST OFFICE BOX**

Miami Lakes, FL 33016

**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:

7850 NW 146th St, Suite 508

*Enter Florida street address*

Miami Lakes

Florida 33016

*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.*

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If Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage. enter the title, name, and address of each person being added  
moved from our records:

R = Manager  
BR = Authorized Member

<u>#</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
BR	MUI CHI YEUNG	7850 NW 146th St, Suite 508	<input type="checkbox"/> Add
		Miami Lakes, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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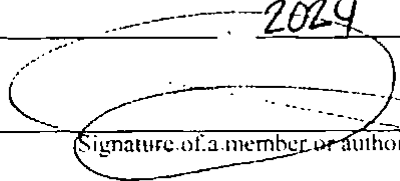
f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

*(This area is intentionally left blank for amendments. Attach additional sheets if necessary.)*

**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.

he 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 ord is filed.

Dated October 11 2024



Signature of a member or authorized representative of a member

Mui Chi Yeung

Typed or printed name of signer

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TALLAHASSEE, FL

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