

# L/2000026986

Florida Department of State  
Division of Corporations  
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EFFECTIVE DATE  
10-29-2014

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

From: Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : I20060000145  
Phone : (305) 769-4936  
Fax Number : (305) 769-1844

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

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MODOLU INVESTMENT, LLC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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K. SALY  
EXAMINER  
OCT 30 2014

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
10-29-2014

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**MODOLU INVESTMENT, LLC.**

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

The Articles of Organization for this Limited Liability Company were filed on 02/24/2012 and assigned Florida document number L12000026986

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 end with 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)*

3970 W 12 AVE  
HIALEAH, FL 33012

Enter new mailing address, if applicable:

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

3970 W 12 AVE  
HIALEAH, FL 33012

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| Title | Name                | Address           | Type of Action                             |
|-------|---------------------|-------------------|--------------------------------------------|
| AMBR  | ROSA E AZZATO SORDO | 2463 PROVENCE CIR | <input type="checkbox"/> Add               |
|       |                     | WESTON FL 33327   | <input checked="" type="checkbox"/> Remove |
| AMBR  | ANTONIO MORANA      | 2463 PROVENCE CIR | <input checked="" type="checkbox"/> Add    |
|       |                     | WESTON FL 33327   | <input type="checkbox"/> Remove            |
|       |                     |                   | <input type="checkbox"/> Add               |
|       |                     |                   | <input type="checkbox"/> Remove            |
|       |                     |                   | <input type="checkbox"/> Add               |
|       |                     |                   | <input type="checkbox"/> Remove            |
|       |                     |                   | <input type="checkbox"/> Add               |
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|       |                     |                   | <input type="checkbox"/> Add               |
|       |                     |                   | <input type="checkbox"/> Remove            |

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

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E. Effective date, if other than the date of filing: OCT 29, 2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCT 29, 2014

*Angela Lucchese*

Signature of a member or authorized representative of a member

ANGELA LUCCHESI

Typed or printed name of signee

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