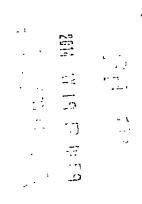
## L12000053732

Office Use Only



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05/19/14--01013--028 \*\*30.00



B. BOSTICK

MAY 27 2014

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corpo		* ************************************	to the given the second of the		
·	EKKER IMPO				
	Name of Lim	ited Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:	; ;		
	MARLY	BOSCAN - MOUNT	<b>3</b>		
		Name of Person			
	MOUNS	EMERPRISES INC	<u>ن</u> 		
		Firm/Company	- 5		
	14463	NW 16th Cr	í		
		Address	,		
	PETBA	POKEPINES, FL 33	028		
		City/State and Zip Code	1		
	mouns	senterprises@gmail		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
	E-mail address: (	to be used for future annual report notif	fication)		
For further information con-	cerning this matter, please c	all:	, 		t
MARLY BOSC	HOLINS	at (754) 2443	<u>59</u>		
Name of Pe	erson	Area Code Daytime	Telephone Number		
			r	တ္ခ	
Enclosed is a check for the	following amount:		श्रे	و "ر	•
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEKKER IMPORTS	, uc			
( <u>Name of the Limited Liability Compuny a</u> (A Florida Limited Liabi	is it now appear	s on our records.)		
V.	, ,			
The Articles of Organization for this Limited Liability Company were	re filed on	04/20/2012	and assigned	
Florida document number <u>L12000053732</u>		!		
This amendment is submitted to amend the following:		,		
A. If amending name, enter the new name of the limited liability	y company he	ere:		
A/A				_
The new name must be distinguishable and end with the words "Limited Liability	Company," the	designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		i		_
(Principal office address MUST BE A STREET ADDRESS)		NIN		
				-
<del></del>		,		
Enter new mailing address, if applicable:		•	الاست براي معشر با	L
• • • • • • • • • • • • • • • • • • • •		111		 
(Mailing address MAY BE A POST OFFICE BOX)		<del>                                    </del>	٥	-
_		·		-[ ∸ 1
B. If amending the registered agent and/or registered office	e address on	our records, enter	· . · · · · · · · · · · · · · · · · · ·	ر nev
registered agent and/or the new registered office address here:			: ("	
			<i>):</i>	
Name of New Registered Agent:				-
New Registered Office Address:		HIM		
New Registered Office Address.	Enter Flor	rida street address	· · · · · · · · · · · · · · · · · · ·	•
		Florida		
	City	1	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
······			□ Add
		NA	□ Remove
			. D Add
			□ Remove
			Add
			Add
			Remove
			: □ Add
			☐ Remove
			Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
The following members' ownership percentage have change	≥to:
Federico Albornoz 49%	•
Paul Campos 51%	
E. Effective date, if other than the date of filing:  (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 May 05 , 2014 .	
Toxes Alabaros	
Signature of a member or authorized representative of a member	
FEERICO Alborator	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

D S CO