## L12000053986

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**EXAMINER** 



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SECRE LARY OF STATIONS DIVISION SECRE LARY OF CORPORALIONS 12 MAS 20 PM 9: 51

## **COVER LETTER**

TO: Registration Division of C	Section orporations			
SUBJECT:	MURET INVEST LLC			
SUBJECT:				
The enclosed Articles	Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:  Lisette Salazar, Esq.  Name of Person			
Please return all corres	pondence concerning this matter to the following:			
	ا بن Lisette Salazar, Esq.			
	Name of Person			
Lisette P. Salazar PA				
Firm/Company				
200 Crandon Blvd. #311				
	Address			
Key Biscayne, Fl. 33149				
	City/State and Zip Code			
lpsalazarlaw@aol.com  E-mail address: (to be used for future annual report notification)				
For further information	n concerning this matter, please call:			
	isette Salazar at ( 305 ) 361-6161 e of Person Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			

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**

Muret Inv			2 2 2 3	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)	جَنَّةً فِي	
			5 黑	
The Articles of Organization for this Limited Liability Company were filed on04/20/2012			and assigned .	
Florida document numberL12000053986				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	re:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	nany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	2314 SW 23 Street			
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33145			
	<del> </del>		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	2314 SW 23	Street	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33145			
B. If amending the registered agent and/or registered of	fice address on	our records enter t	he name of the new	
registered agent and/or the new registered office address her		our records, enter t	ne name of the new	
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 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Name **Address Type of Action** mgr Yves Munoz 2314 SW 23 Street ☐ Add Miami, Florida 33145 Remove Sybille Petit mgr 2314 SW 23 Street ☐ Add Miami, Florida 33145 ☐ Remove Eric Petit mgr 2314 SW 23 Street Miami, Florida 33145 Remove Remove  $\prod Add$ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 13 Dated\_ Signature of a member or authorized representative of a member Lisette Salazar Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00