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COVER LETTER

TO: Registration Section
Division of Corporations

MUTUAL INCOME GROUP, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARIA C MAZUERA

Name of Person

Firm/Company

PO BOX 565192

Address

MIAMI, FL 33256

City/State and Zip Code

CRISMAZUERA@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA MAZUERA

ູ,305 984-1232

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUTUAL INCOME GROUP, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny <u>as it now appears on our records</u> liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 05/04/12	and assigned
Florida document number L12000060360		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company," the designat	ion "LLC" or the abbreviation
L.D.C.		₩ _{Ca} N
Enter new principal offices address, if applicable:		FŘ S
(Principal office address MUST BE A STREET ADDRESS)		
,		SS P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
The state of the s		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>er</u> <u>e</u> :	iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Florid	la
	City	Zin 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

<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	ANTONIO DUQUE	20815 NE 16 AVENUE B15 🗸 Add
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Filing Fee: \$25.00

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