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**L12 000129404**

Florida Department of State

Division of Corporations

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H150000712313ABCU

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To:

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

From:

Account Name : RICHARDS & ASSOCIATES, PA.  
Account Number : I20110000091  
Phone : (305)858-9900  
Fax Number : (305)285-0015

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TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MONDINC INVESTMENTS, LLC**

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BUREAU OF CORPORATE  
INFORMATION SERVICES

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(H150000712313)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MONDINC INVESTMENTS, 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:

**PATRICIA MENENDEZ**

*Name of Person*

**RICHARDS & ASSOCIATES, P.A.**

*Firm/Company*

**2885 SOUTH BAYSHORE DRIVE, SUITE 703**

*Address*

**MIAMI, FL 33133**

*City/State and Zip Code*

**PMENENDEZ@RICHARDS-LAW.COM**

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

For further information concerning this matter, please call:

**PATRICIA MENENDEZ**

**305 858-9900**

*Name of Person*

*at ( )*

*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

(15415 2000 712313)

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MONDINC INVESTMENTS, 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 10/10/2012 and assigned  
Florida document number 12000129404

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ASTRID MARINA CORRE	1808 ASPEN LANE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
MGR	FERNAN RODRIGUEZ	2665 SOUTH BAYSHORE DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 703	<input type="checkbox"/> Remove
		MIAMI, FL 33133	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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: \_\_\_\_\_ (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 March 20, 2015.

Astrid Correa

Signature of a member or authorized representative of a member

Astrid Correa

Typed or printed name of signer

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2015 MAR 20 AM 8:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA