## #1/2000/52669

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## **COVER LETTER**

то:	Registration Se Division of Co				
SUBJE	CT:	MIJ	UFAN LLC		
		Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please	return all correspo	ondence concerning this matte	r to the following:		
	CLAUDIO F. FEIERSTEIN				
			Name of Person		
MIJUFAN LLC					
			Firm/Company		
17071 W Dixie Highway suite #124					
		· · · · · · · · · · · · · · · · · · ·	Address	<del></del>	
NORTH MIAMI BEACH, FL 33160					
			City/State and Zip Code.		
	•	nti	capitalpm@gmail.com		
		E-mail address: (	to be used for future annual report notifica	ation)	
For furt	ther information o	oncerning this matter, please of	call:		
	CLAUDIC	) F. FEIERSTEIN	at ( 786_) 4.	54-8183	
		f Person	Area Code & Daytime 1		
Enclose	d is a check for the	he following amount:			
\$25.	00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIEI  Registration Section Division of Corporati Clifton Building 2661 Executive Cent Talláhassee, FL 3230	ións er Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Ords.)

FILED

AM 9: 02

Ords.)

MIJUFAN LLC	
MIJUFAN LLC  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	YOA
The Articles of Organization for this Limited Liability Company were filed on December 6, 2012 and assigne	d
Florida document numberL12000152669	
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 abbre "L.L.C."	viation
Enter new principal offices address, if applicable:	<del>,</del>
(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 registered agent and/or the new registered office address here:	<u>e new</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	

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.

City

Florida

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager on Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title . <u>Name</u> **Address** Type of Action MGR LILIANA M. BELTRAN ☐ Add Remove · 🔲 Add Remove  $\square$  Add ☐ Remove Remove  $\square$ Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DECEMBER 29 Dated\_ Signature of a member or authorized representative of a member CLAUDIO F. FEIERSTEIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00