

**L12000154188**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To:

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

From:

Account Name : TAXLEAF.COM INC  
Account Number : I20140000084  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MAUTETE 18 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	<b>\$25.00</b>

15 APR 17 AM 10:00

CLERK OF SUPERIOR COURT  
BUREAU OF CORPORATE  
INFORMATION SERVICES

SECRETARY OF STATE  
RECEIVED  
15 APR 17 AM 7:58

FILED

APR 20 2015

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**MAUTETE 18 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 12/10/2012 and assigned Florida document number L12000154188.

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:

3111 N UNIVERSITY DR STE 105

(Principal office address MUST BE A STREET ADDRESS)

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

3111 N UNIVERSITY DR STE 105

(Mailing address MAY BE A POST OFFICE BOX)

CORAL SPRINGS, FL 33065

**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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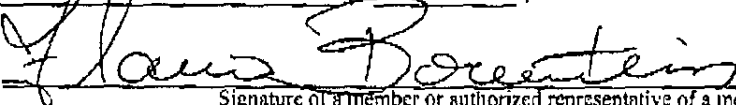


11. Same as above, if any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 the document is filed by the Florida Department of State)

Dated APRIL 16 2015



Signature of a member or authorized representative of a member

FLAVIO BORENSTEIN

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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