L12000157763

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COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: Mulu, 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:

Kathy L Ori

Name of Person

Profit Keepers

Firm/Company

2901 Curry Ford Rd Ste 208A

Addres

Orlando, FL 32806

City/State and Zip Code

kathy@profitkeepers.com

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

For further information concerning this matter, please call:

Kathy Ori

₄₀₇, 228-131

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

Mulu, LLC			
(Name of the Limite	d Liability Compa: A Florida Limited L	ny as it now appears on our re- lability Company)	cords.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L12000157763</u>		were filed on 12/18/2012	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
no change			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	no change	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			201
			20
Enter new mailing address, if applicable:		no change	T D SHEETER
(Mailing address MAY BE A POST OFFICE	E BOX)		₩
			THE RESERVE
			ç'ı o
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of office address her	fice address on our record e:	s, enter the name of the new
Name of New Registered Agent:	no change		
New Registered Office Address:	no change		
		Enter Florida	street address
		, F	lorida
		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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kenneth Marks	5405 Pasadena Dr	Add
		Belle Isle, FL 32809	Remove
			Add
			Add
			Add Remove
			APR 24 AH 10: GRemove
			Add

D. If amending any NA	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Dated April 19	, 2013	
	Serna V. marko	
Jenr	Signature of a member or authorized representative of a member nifer V Marks	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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