L13000045588

| (Requestor's Name) | _ |
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| (Address) | _ |
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| | |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
| | _ |
| (Document Number) | |
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SECRETARY OF STATE
AND A HASSEE, FLORIDA

SEP 3 0 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

MX13, 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:

ZOILA R. ROSALES

Name of Person

MX13, LLC

Firm/Company

2208 SW 8th STREET

Address

MIAMI, FL 33135

City/State and Zip Code

flmultiservices@yahoo.com

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

For further information concerning this matter, please call:

ZOILA R. ROSALES

Name of Person

 $_{at} (786) 290-3319$

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

| (Name of the Limited I | Liability Compar Florida Limited L | ny as it now appears on our recordilated Company) | <u>is.</u>) |
|---|---------------------------------------|---|----------------------------------|
| The Articles of Organization for this Limited Lia Florida document number <u>L13000045588</u> | bility Company | were filed on 03/27/2013 | and assigned TALL AHA TALL AHA |
| This amendment is submitted to amend the follow | wing: | | 28 ARY |
| A. If amending name, enter the new name of | the limited liab | ility company here: | |
| N/A | | | 3: C |
| The new name must be distinguishable and end with "L.L.C." | the words "Limi | ted Liability Company," the designa | ation "LLC" or the abbreviation |
| Enter new principal offices address, if applica | ble: | 2208 SW 8th STREE | T |
| (Principal office address MUST BE A STREET | | MIAMI, FL 33135 | |
| Enter new mailing address, if applicable: | | 2208 SW 8th STREE | T |
| (Mailing address MAY BE A POST OFFICE B | <u>80X)</u> | WII/ (17 L 00 100 | |
| B. If amending the registered agent and/o registered agent and/or the new registered off | | | enter the name of the new |
| Name of New Registered Agent: | ZOILA R. | ROSALES | |
| New Registered Office Address: | 2208 SW | 8th STREET | _ |
| | | Enter Florida stre | zet address |
| | MIAMI | . Flor | _{ida} 33135 |
| | | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

MX13 LLC

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 gonfirm 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** BELEN, GASTON 6303 BLUE LAGOON DRIVE **MGR** Add MIAMI, FL 33126 Remove MASTERTEC S.A. C/O FL MULTISERVICES, INC. **MGRM** 2208 SW 8th STREET Remove MIAMI, FL 33126 Remove Remove Remove

|). If am | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------|--|
| • | N/A |
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| | PEDTEMPED 0 2012 |
| Dated _ | SEPTEMBER 9 , 2013 . |
| | AfaMAR. |
| | Signature of a member or authorized representative of a member |
| | ZOILA R. ROSALES, Registered Agent |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

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