L1300055176

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	. #)
(Cil	syrotater Elph Holle	• " ;
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
`	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



800248545588

JUN - 6 2013

T CLINE

06/05/13--01027--003 **25.00

COVER LETTER

TO:	Registration Secti Division of Corpo			.₩		
SUBJI	ect: MUE	OH YOURS	ed Liability Company	·····		
The en	closed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please	return all correspond	ence concerning this matter	to the following:			
		SANDRA	Name of Person			
		MUSSA	Pirm/Company			
		9849	DOPLATH CIPUE			
		OPLI	Address NDO , FL 32825		-	
			City/State and Zip Code ingelahotmail.com be used for future annual report notifica	ation)		
For fur	ther information con	cerning this matter, please ca	•			
0	ANDRA ANGE	=1	at (773) 531-4	209 E	2813 JUN	*****
	Name of P	erson	Area Code & Daytime		7	
Enclos	ed is a check for the	following amount:		د) ريان ندن ها دن	垩	1
\$25	5.00 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 Sta Certified Copy (additional copy	itus 🎉	,)

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

MUSSA DESILA, L	LC.		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on on the company as it now appears on on the company)	ur records.)	_
The Articles of Organization for this Limited Liability Cor Florida document number <u>L13000055776</u>		t <u>/2013</u> and	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," th	ne designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:	***************************************		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	ر مسر المارا عن الم	<u> </u>
			CO PROPERTY
		19- T-1	
Enter new mailing address, if applicable:		52.3 22.3	QJ F
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	70 F Su 70 F Su 1 Lung 7 F 3	11
Industry address MAT BE ATOST OFFICE BOXY		<u> </u>	
		zim	<u></u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office addresses.		cords, enter the nar	ඟ ne of the new
Name of New Registered Agent:			
New Registered Office Address:	E . Fl	i da anna an	
	Enter Florida street address		
	Ci.	, Florida	C. 1.
	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>	<u>Name</u>	Address	ype of Action
MGRM	SANDRA ANKEL	9849 DOPLATH UPLLE OPLANDO, FL 32825	Add
,	<u> </u>		Add
			Remove
		X 60 CT 60 C	Add_
		20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (Remove
			Add
			Remove
····			Add
			Remove
			Add
			Remove

D. If a	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		-
		-
Dated	5/28/13	/
	Signature of a prember or authorized perceentative of a member	Romer
	SANDRA ANGEL MARIA	Koener Koervon
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

THE STATE OF STATE