

. (Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	·
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. SCOTT NOV 1 8 2016

COVER LETTER

TO:Registration Se Division of Cor		 			- -
CUBICCE.	BUSINESS LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Ricardo Resino				
		Name of Person		-	
		Firm/Company		-	
	8004 NW 154 Street #117				
		Address		VITT SECT 16	
	Miami Lakes, FL 33016			NET A	
	ricusar@gmail.com	City/State and Zip Code		17 SSEE	
For further information c	~~	to be used for future annual report notificall:	cation)	M 2: 3 F STAT FLORU	U
Ricardo Resino	71	305 300-0597		DA 39	
Name o	f Person	at () Area Code Daytime	Telephone Number	•	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJS NEW BUSINESS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number L13000072124	pany were filed on 05/16/2013	and assigned
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 contain the words "Limited I	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		FIL SECRETAIN ALLAHASSI
(Mailing address MAY BE A POST OFFICE BOX)	****	PRI 2:
B. If amending the registered agent and/or registere- registered agent and/or the new registered office address		s, enter-the manne of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	${oldsymbol s}$
		orida
	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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Oscar R Antequera	8004 NW 154 Street #117	□ Add
		Miami Lakes, FL 33016	■ Remove
			□ Change
MGRM	Andrea F Gonzalez	8004 NW 154 Street #117	
		Miami Lakes, FL 33016	■ Remove
	<u>. </u>	· 	□ Change
	41		Add
			Remove
			Change
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			Change
-			☐ Add
			Remove
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E ffor	ative data if athou they the do	to of filings			(optional)	
Note	ective date, if other than the date effective date is listed, the date must be if the date inserted in this block ment's effective date on the Department.	does not meet th	e applicable statut	iling or more than 90 ory filing requirer	days after filing.) Purs	nuant to 605,0207 (not be listed as th
	ecord specifies a delayed ef le 90th day after the record		but not an effe	ective time, at	12:01 a.m. on t	he earlier of:
Date	d	201	6			
			Mill			

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Typed or printed name of signee

Filing Fee: \$25.00