

L13 0000079936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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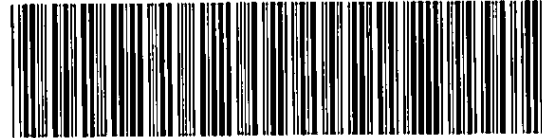
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUNAY 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:

CARMEN SERRANO
Name of Person

MUNAY LLC
Firm/Company

3503 NW 64th COURT
Address

COCONUT CREEK, FL 33073
City/State and Zip Code

msolsona@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA SOLSONA at (954) 560 3055
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

MUNAY 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 6/3/2013 and assigned
Florida document number L 130 000 799 36

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited 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)

3503 NW 64th COURT
COCONUT CREEK, FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

CARMEN SERRANO

New Registered Office Address:

3503 NW 64th COURT

Enter Florida street address.

COCONUT CREEK, FL 33073

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.

Carmen Serrano

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>	<u>Type of Action</u>
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MGR	CARHEN SERRANO		<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input checked="" type="checkbox"/> Change
--	--	--	--

MGR	ERIKA MACKEVICH		<input type="checkbox"/> Add
-----	-----------------	--	------------------------------

			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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MGR	NATALI MACKEVICH		<input type="checkbox"/> Add
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			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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MGR	MELINA MACKEVICH		<input type="checkbox"/> Add
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			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
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[illegible]

09-16-19

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 08-16-18, _____

Commy

CARMEN SERZANO

Filing Fee: \$25.00