L140000 41985

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COVER LETTER

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	gistration Se vision of Cor				
CUDIFOT.	MORUMO	IMPORT 2409 DE VENEZUI	ELA, LLC		
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		DANIEL CISNEROS EBR	RATH		
			Name of Person		
			Firm/Company	····································	
		1703 NW 79TH AVE	, ,	D. 2	
		- · · · · · · · · · · · · · · · · · · ·	Address	20 20 20 20 20 20 20 20 20 20 20 20 20 2	
		MIAMI FL 33126			
			City/State and Zip Code		-18 (1)
		CAZABE73@YAHOO.CO	M to be used for future annual report notificati		† P
For further i	nformation co	oncerning this matter, please co	·	ORIOA	
DANIEL C	ISNEROS EE	BRATH	305 793-8908 at ()		
	Name of	f Person		ephone Number	
Enclosed is	a check for th	ne tollowing amount:			
□ \$25.00 F	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

MORUMO LLC				
(Name of the Limited Lis (A Flo	ability Compan orida Limited Li	i <mark>y as it now appears on our re</mark> lability Company)	cords.)	
The Articles of Organization for this Limited Liability Florida document number L14000041985	ty Company v	were filed on 03/13/2014		and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabi	lity company here:		
MORUMO LLC				205
The new name must be distinguishable and contain the words "	Limited Liabili	ty Company," the designation "	LLC" or the abbrevi	ation, "L.L.C.
Enter new principal offices address, if applicable:	;	1703 NW 79TH AVE		12. Y 2.
(Principal office address MUST BE A STREET AL	DDRESS)	DORAL FL 33126		
•				
Enter new mailing address, if applicable:		1703 NW 79TH AVE		29 Riba
(Mailing address MAY BE A POST OFFICE BOX	2	DORAL FL 33126		
B. If amending the registered agent and/or registered agent and/or the new registered office and agent and/or the new registered office and agent and/or the new registered office and agent and/or the new registered agent.	address here		ords, <u>enter the</u>	name of the new
10	703 NW 79TH	SVE		
New Registered Office Address:		Enter Florida street ad	idress	
Do	ORAL		, Florida ³³¹²⁶	
		City		ip Code
Nam Degistered Agent's Signature if changing Degist	tamad Amames			

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

1111 <u>e</u>	маше	Augress	1 vpe of Action
MGR	DANIEL CISNEROS EBRATH	7845 ABBOTT AVE APT 7 MIAN 33141	□ Add
			□ Remove
			ப Unange
AMBR	PEDRO SALAZAR	10775 NW 83RD TERR DORAL	∕ B Add
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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ir an effe Note:	ve date, if other than the date of filing: (options*)		
(f the rec (b) The	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earling 90th day after the record is filed.	er of:	
Dated .	MAY 19TH 2015		
	Signature of a member or authorized representative of a member		
	Daniel Generos Ebrath Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00