# 114000045236

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700289543557

10/18/16--01019--018 \*\*25.00

16 OCT 18 PH 1: 19

OCT HARRIE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MOSOL Properties, 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:
600 Zalo Perez, JR., Esq.
Gonzalo Perez, JR., P.A.
7915 Coral Way
Miami FL 33165  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
And Garcia at (305) 265-8228  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

MOSOL TYDOUTIES LL (Name of the Limited Liability Cor	mpany as it now appears on our records.) ted Liability Company)	
	,	
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L1400045230</u> .	any were filed on 0311812014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
1 Tisespar office address MOST BETTSTREET TOOKESO,		<u> </u>
		0 12
Enter new mailing address, if applicable:		<del></del>
• • • •		
(Mailing address MAY BE A POST OFFICE BOX)	1	<u> </u>
		<del>- 1</del>
B. If amending the registered agent and/or registered		•
registered agent and/or the new registered office address l	<u>here</u> :	
Name of New Registered Agent:		
		<del> </del>
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Z	ip 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 emoved from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elena Patricia	15049 SW 96 TCY	Add
	Meneses Albizu De Del Solar	Miami, FL 331910	☐ Remove
·			Change
<u>.</u>			Add
			Remove
,			☐ Change
<del></del>			Add
			□ Remove
	'		Change
<del></del>			Add
			□ Remove
			Change
			□ Remove
			Change Co
			Add
			Remove
	•	ı	□ Change

									_
								<del>-</del>	
						·			
					_				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- · · · · ·				_
					· <del></del>	,			<del>_</del>
								<del></del>	<del>_</del>
	<u> </u>		<u> </u>						_
				····		<u></u>			
							<del> </del>		
									_
				•	····			<del></del>	
				·					١
n effective date: If the c	ate is listed, the late inserted in	an the date of a date must be specifing this block does on the Departmen	ic and cannot not meet the	applicable:				ng.) Pursuant to (	
		elayed effecti ne record is fi		out not an	effective	time, at 1	.2:01 a.m	), on the ea	rlier o
ted <u>DC</u>	ober 1	2 M	21, 20 Cu C	000	A			76 90 91	• • • • •
•	<	Signature	of a member	or authorized	<b>fe</b> presentativ	e of a member	r		i sali Sali

Page 3 of 3

Filing Fee: \$25.00