

L14000102135

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FILED
2014 JUL 14 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUNDO TURISMO INTERNACIONAL 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:

CESAR LOGREIRA

Name of Person

MUNDO TURISMO INTERNACIONAL LLC

Firm/Company

1304 SW 160 AVENUE, APT 300

Address

WESTON FL 33326

City/State and Zip Code

mundoturismolc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cesar Logreira

Name of Person

at (305) 244.4449

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**

MUNDO TURISMO INTERNACIONAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/25/2014 and assigned Florida document number L140000102135.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1304 SW 160 AVENUE APT 300

(Principal office address MUST BE A STREET ADDRESS)

WESTON FL 33326

Enter new mailing address, if applicable:

1304 SW 160 AVENUE APT 300

(Mailing address MAY BE A POST OFFICE BOX)

WESTON FL 33326

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:

CESAR LOGREIRA

New Registered Office Address:

1304 SW 160 AVENUE APT 300

Enter Florida street address

WESTON

City

Florida 33326

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

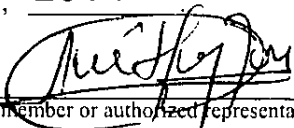
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>CESAR LOGREIRA</u>	<u>1304 SW 160 AVENUE APT 300</u>	<input checked="" type="checkbox"/> Add
		<u>WESTON FL 33326</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>JESUS E CHAVEZ</u>	<u>1304 SW 160 AVENUE APT 300</u>	<input checked="" type="checkbox"/> Add
		<u>WESTON FL 33326</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>LEANDRO LIEVANO</u>	<u>1304 SW 160 AVENUE APT 300</u>	<input checked="" type="checkbox"/> Add
		<u>WESTON FL 33326</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 10, 2014



Signature of a member or authorized representative of a member

CESAR LOGREIRA

Typed or printed name of signee