

L14000 107382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

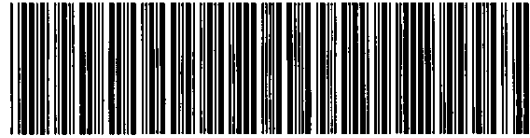
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100261236941

08/15/14--01013--014 **25.00

Vertical text, possibly a date stamp or filing date, oriented vertically on the right side of the page.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SECOND MUST 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:

ANDERSON CASTRO
Name of Person
ANDERSON CASTRO, P.A.
Firm/Company
2103 CORAL WAY, STE 800
Address
MIAMI, FL 33145
City/State and Zip Code
ac@andersoncastrolaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDERSON CASTRO at **305 371-3993**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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**

SECOND MUST 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 07/07/2014 and assigned Florida document number L14000107382.

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: 168 SE 1st. Ste 1202c
(Principal office address MUST BE A STREET ADDRESS) Miami, FL 33131

Enter new mailing address, if applicable: 168 SE 1st. Ste 1202c
(Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33131

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: ANDERSON CASTRO, P.A.

New Registered Office Address: 2103 CORAL WAY, SUITE 800
Enter Florida street address

MIAMI Florida 33145
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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

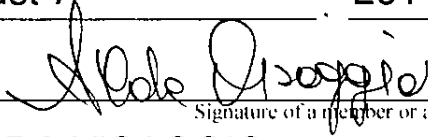
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADD: FEI/EIN Number: 47-1529340

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 August 7, 2014



Signature of a member or authorized representative of a member

ALDA VISAGGIO

Typed or printed name of signee