400000

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
(el4	* may 1 have	to the state of th
r	Office Use Or	niv



700279125527

11/J6/15--01023--022 **25.00

NOV 1 7 2015 S. YOUNG





November 19, 2015

MOLESTO, LLC 747 LENOX AVENUE #3 MIAMI BEACH, FL 33139

SUBJECT: MOLESTO, LLC Ref. Number: L14000142403

We have received your document for MOLESTO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

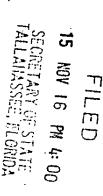
A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 115A00024515



COVER LETTER

ï

TO:	Registration Se Division of Cor			
SUBJ	MOLESTO), LLC		
BODG:	BC1.	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		MOLESTO, LLC		
			Name of Person	FILED SECRETARY OF STATE ALLAHASSEE, FLORIDA
			Firm/Company	SSE TO TE
		747 LENOX AVENUE #3		
			Address	
		MIAMI BEACH, FL 3313	9	<u> </u>
		SOBEMAINTENANCE@	City/State and Zip Code GMAIL.COM	
		-	to be used for future annual report notif	ication)
For fu	rther information c	concerning this matter, please c	all:	
Name of Person		of Person	at ()	Telephone Number
Enclos	sed is a check for the	he following amount:		
\$2	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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOLESTO LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) /)
ne Articles of Organization for this Limited I	Liability Company were filed on	9/11/2014 and assigned
orida document number L14000142403	.	
nis amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability company	here:
e new name must be distinguishable and contain the	words "Limited Liability Company," th	· · · · · · · · · · · · · · · · · · ·
iter new principal offices address, if appli	cable:	ALL:
rincipal office address MUST BE A STRE	•	HA PO
		25 - E
		
		2.08 4.
nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE</u>	<u> </u>	
If amending the registered agent and gistered agent and/or the new registered of		on our records, enter the name of the
Name of New Registered Agent:	IVONE SARTORI	
New Registered Office Address:	747 LENOX AVENUE #3	
	Enter I	Florida street address
	MIAMI BEACH	, Florida ³³¹³⁹
	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 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>	Type of Action
RA	ISAAC BENMERGUI		□ Add
			■ Remove
			☐ Change
RA	IVONE SARTORI		Add
		·····	☐ Remove
			Change
			HAXIO TO THE
			Remove
			NOV 6 PR Change
		 	
		 	Remove
		 	☐ Change
			□ Add
			Remove
			☐ Change
	- 		
			□ Remove
			☐ Change

	•				
				···································	
					
	<u>-</u>				
		<u></u>		•	······································
···					<u> </u>
			···		
	····		<u> </u>		SEC TALL
					RET/ AHA
		· · · · · · · · · · · · · · · · · · ·			JSSE ANA
				<u></u>	一
			<u></u>		VOINT PLATE TO STATE
					<u> </u>
ective date, if other that is effective date is listed, the date. If the date inserted in tument's effective date on record specifies a define 90th day after the	late must be specific and countries block does not me to the Department of States and the Department of States are detailed as the Department of States and the Department of States are detailed as the	annot be prior to dat et the applicable s te's records.	tatutory filing red	quirements, this da	ng.) Pursuant to 60 ate will not be lis
		2015			
ed 11/09	,				
ed		mber or authorized	representative of a	member	

Page 3 of 3

Filing Fee: \$25.00