

L14 000 153574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

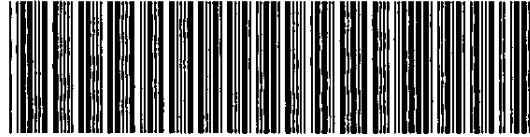
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600266515746

11/25/14--01011--021 \*\*11.00

11/25/14--01011--022 \*\*8.75

11/25/14--01011--023 \*\*5.25

FILED  
14 NOV 25 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Morejon Avila Group 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:

Neydis Avila Gutierrez

Name of Person

Morejon Avila Group LLC

Firm/Company

7969 NW 2nd Street Suite 504

Address

Miami-FL 33126

City/State and Zip Code

neydisavila@yahoo.es

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

For further information concerning this matter, please call:

Neydis Avila Gutierrez

Name of Person

at ( 305 ) 632-5163

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**

Morejon Avila Group 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 10/01/2014 and assigned Florida document number L14000153574.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

n/a

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

7969 NW 2nd Street Suite 504

Miami FL 33126

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7969 NW 2nd Street Suite 504

Miami FL 33126

**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:

Michel Morejon

New Registered Office Address:

7969 NW 2nd Street Suite 504

Enter Florida street address

Miami

Florida

City

14 NOV 25 AM 10:53  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>
MGRM	Michel Morejon	7969 NW 2nd Street Suite 504	<input checked="" type="checkbox"/> Add
		Miami-FL 33126	<input type="checkbox"/> Remove
MGR	Neydis Avila Gutierrez	7969 NW 2nd Street Suite 504	<input checked="" type="checkbox"/> Add
		Miami-FL 33126	<input type="checkbox"/> Remove
MGRM	Neydis Avila Gutierrez	7969 NW 2nd Street Suite 504	<input type="checkbox"/> Add
		Miami-FL 33126	<input checked="" 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

14 NOV 25 AM 10:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

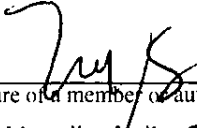
**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

n/a

**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 19th of November, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Neydis Avila Gutierrez**

\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
**14 NOV 25 AM 10:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**