

L14000191457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

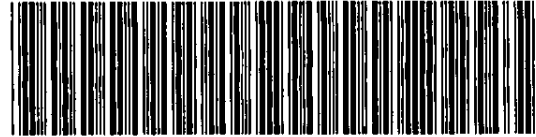
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NOV 21 2016

S. YOUNG

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SECRETARY OF FLORIDA
16 NOV 19 PM 2:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mitibi 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:

Blum Desravins
Name of Person

Mitibi LLC
Firm/Company

9745 Herons Nest Ct apt 302
Address

Lake Worth, FL 33467
City/State and Zip Code

BlumDesravins@yahoo.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF FLORIDA
TALLAHASSEE, FL
16 NOV 18 PM 2:15

For further information concerning this matter, please call:

Blum Desravins at (954) 483-5283
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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**

Mitibi 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 12-16-2014 and assigned Florida document number L14000191457.

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 contain 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)

33 State Rd 7
Plantation, FL 33317

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

33 State Rd 7
Plantation FL 33317

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:

Robert Hall

New Registered Office Address:

33 State Rd 7

Enter Florida street address

Plantation

City

Florida

33317

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>	<u>Type of Action</u>
MGR	Blum Desravins	9745 Herons Nest ct	<input checked="" type="checkbox"/> Add
		Lake Worth Fl 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Hall	33 State Rd 7	<input checked="" type="checkbox"/> Add
		Plantation Fl 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE FL 32304
NOV 18 PM 2:15

15 K01

16 NOV 18 PM 2:15
SECRETARY OF COMMERCE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 16, 2016.

6

Signature of a member or authorized representative of a member

Robert Hall

Typed or printed name of signee