

U1500007498

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : I2C000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MORADEBI LLC**

RECEIVED
15 FEB -5 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 06 2015

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MORADEBI 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street Suite 801

Address

Aventura, Florida 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Yolanda L. Fornaris

Name of Person

at **(305) 932-6262**

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
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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

MORADEBI 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 01/13/2014 and assigned Florida document number L15000007498

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: (Principal office address MUST BE A STREET ADDRESS)

14036 W DIXIE HWY NORTH MIAMI FL 33161

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

14036 W DIXIE HWY NORTH MIAMI FL 33161

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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:

New Registered Office Address:

Enter Florida street address

City, Florida 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>
MGR	DANIEL J SERBER ESQ.	2875 NE 191 STREET SUITE 801	<input type="checkbox"/> Add
		AVENTURA FL 33180	<input checked="" type="checkbox"/> Remove
MGR	ALBERTO DAYAN	14036 W DIXIE HWY	<input checked="" type="checkbox"/> Add
		NORTH MIAMI FL 33161	<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

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

Four horizontal lines for amending information.

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 2/05/2015


Signature of a member or authorized representative of a member

YOLANDA FORNARIS

Typed or printed name of signee

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