

L15000007498

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

K. SALLY  
EXAMINER  
AUG 5

# 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:

MARINA KESSLER  
Name of Person

LUMER CORP.  
Firm/Company

19370 COLONS AVE CUD  
Address

SUNNY ISLES BEACH FL 33160  
City/State and Zip Code

MARINAKESSLER@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARINA KESSLER at (305) 325 0061  
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

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)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/05/2015 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 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)*

19370 COLLINS AVE CUD  
SUNNY ISLES BEACH FL  
33160

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

% LUMER PROPERTY MANAGEMENT  
19370 COLLINS AVE CUD  
SUNNY ISLES BEACH FL 33160

**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:

LUMER CORP.

New Registered Office Address:

19370 COLLINS AVE CUD

*Enter Florida street address*

SUNNY ISLES BEACH, Florida 33160  
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>DAYAN, ALBERTO</u>	<u>14036 W DIXIE HWY</u>	<input type="checkbox"/> Add
		<u>NORTH MIAMI FL 33161</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>PITICOPU LLC</u>	<u>19370 COLLINS AVE CUM</u>	<input checked="" type="checkbox"/> Add
		<u>SUNNY ISLES BEACH FL 33160</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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FILED

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 2, 2016.



Signature of a member or authorized representative of a member

MARINA KESSLER

Typed or printed name of signee