# L15000082062

(F	Requestor's Name)	
(A	Address)	
(F	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	<b>∏</b> WAП	MAIL
(E	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

Office Use Only



900279518149

11/30/15--01033--022 \*\*25.00

15 NOV 30 PM 3: 27

DEC 0 2 2015

Y SULKER

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	ECT: Exp	ress Legal y Name of Limit	Mucho Mas, LL	<u>C</u>
The end	closed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please 1	return all correspon	dence concerning this matter to	o the following:	
		Rosa	ana B. Magalu	
		Expr	ess Legal y Muc	ho mas
		4791	ess Legal y Muc Firm/Company  5W 82Nd AVen  Address	ue #43
		Davie,	FL 33328 City/State and Zip Code nartglobal@gmai/.	
		tradesn	nartglobal@gmail.	com
For 6	her information as	E-mail address: (to neerning this matter, please cal	be used for future annual report notification	on)
roriun				
4-4	Name of	a B. Magali Person	1 at (954) 851-2 Area Code Davtime Tel	-724 ephone Number
			•	•
Enclose	ed is a check for the	following amount:		
\$25	0.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

aly much	ho 1	Mas				
ility Company as it n ida Limited Liability C	ow appea ompany)	rs on ou	records.)		-	
				015 and	assign	ed
mendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company here:						
imited Liability Comp	any," the	designatio	on "LLC" or th	ne abbreviation	"L.L.C	<del>,,</del>
DRESS)	-					
				7:1		
					5	
					2	1 :
	<del></del>			<u> </u>	30	ţ
		wa			P	17:
pistered office add	dress o	a nar r	ecords, en	ter the nam	က	the new
ldress here:	u1 035 01	. 001	ecords, <u>em</u>	>	<u>-68.</u>	the nev
Rosa	na	B.	Maga	alú		
	Enter Flo	rida stree	t address			
			, Florida			
Ź				Zip Coo	le	
	Company were file (2062)  mited liability companies Liability Liability Companies Liability Liability Companies Liability Liab	Company were filed on RO62  mited liability company he imited Liability Company," the DRESS)  pistered office address of Idress here:  ROSANA  Enter Flo	Company were filed on May  2062  mited liability company here:  imited Liability Company," the designation  DRESS)  pistered office address on our reldress here:  ROSANA  Enter Florida stree  City	Company were filed on May 8, 2  Mited liability company here:  imited Liability Company," the designation "LLC" or the sistered office address on our records, endress here:  Rosana B. Maga  Enter Florida street address  City	mited liability company here:  imited Liability Company," the designation "LLC" or the abbreviation of the substrated of	Company were filed on May 8, 2015 and assign 2062  mited liability company here:  imited Liability Company," the designation "LLC" or the abbreviation "LLC"  DRESS)  pristered office address on our records, enter the name of ldress here:  Rosana B. Magalu  Enter Florida street address  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

Page 1 of 37

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Rosana B. Chovan	6767 Pembroke Rd.	
		Pembroke Pines, FL 33	802 3 Remove
			Change
MGR	Rosana B. Magalu	6767 Pembroke Rd.	Add
		6767 Pembroke Rd. Pembroke Pines, FL	33023 □ Remove
		-Word Wind William and decreased and an additional and a second state.	Change
<u></u>			Add
			□ Remove
			□ Change
	<del></del>	***************************************	A Q
			SSS Remove
			日本語 Change 日本語 Change
<del></del>	10 10 10 10 10 10 10 10 10 10 10 10 10 1		Add
			🗖 Remove
		**************************************	Change
		**************************************	Add
		***************************************	Remove
			□ Change

	<del></del>	
	<del></del>	
	**************************************	
	15	
r	- O	
(): ():	္ ည	 P.
្រ. មិន្តិ	•<	3
	<i>y</i>	
ffective date, if other than the date of filing:(optional)	· 10.3	

Page 3 of 3

Filing Fee: \$25.00