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15616580548 From: Natalie Burns

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Account Number : I20140000036 Phone : (305)733-8223 Fax Number : (561)450-5105

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOLKAJETE, LLC

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October 3, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MOLKAJETE, LLC 14901 SW 4TH STREET APT #1 PEMBROKE PINES, FL 33027US

SUBJECT: MOLKAJETE, LLC

REF: L15000105981

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II FAX Aud. #: H16000244331 Letter Number: 116A00021154

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anns.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOLKAJETE, LLC (Name of the Limits	ed Liability Conspa (A Fiorido Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Li Florida document number 1.15000105981	iability Company	were filed on 06/17/2015	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
			<u> </u>
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation "ILC" o	
Enter new principal offices address, if applic	rable:	9940 NW 10TH STREET	夏田
(Principal office address MUST BE A STREE		MIAMI, FL 33172	4 5
Enter new mailing address, if applicable:		9940 NW 10TH STREET	1 9: 3
-		MIAMI, FL 33172	
MILLING AGGRESS BLAT BE A POST OFFICE	$BOX_{i}$		
B. If amending the registered agent and/	or registered o	ffice address on our records,	
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B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of fice address her	ffice address on our records, e: USORES HISTREET Enter Florida street address	enter the name of the new
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New Registered Office Address:  New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the	lor registered of fice address her CAMILO SAN 9940 NW 10T.  MIAMI  Registered Agent and agree and complete istered agent as registered office change.	ffice address on our records, e:  ISORES  H STREET  Enter Florida street address  City  ree to act in this capacity. I furth a performance of my duties, and provided for in Chapter 605. F. address, I hereby confirm that	ida 33172  Zip Code  her agree to comply with the 1 am familiar with and .S. Or, if this document is the limited liability

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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>	Address	Type of Action
MGR	LOPEZ MONROY, ALLIANDRO	14901 SW 4TH STREET, APT#1	
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D. 1	f amending	any other information, enter change(s) here: (Attach additional sheets,	if necessary.) (((H160002443313)))
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E. 1	Effective dat	e, if other than the date of filing:	_ (optional)
	Note: If the d	ate is fisted, the date must be specific and camor be prior to date of filing or more than 90 d late inserted in this block does not meet the applicable statutory filing requireme ffective date on the Department of State's records.	ays after filing.) Pursuant to 605.0207-(3)(b) nts, this date will not be listed as the
		pecifies a delayed effective date, but not an effective time, at 1 day after the record is filed.	2:01 a.m. on the earlier of:
1	Dated SEPT	EMBER 12 2016	
			**
	to:	Signature of a member or militarized representative of a member	angunt na rangun in muli M. Milin namun nan merumu sa humidakan M. Na nasaran A. T
	C	CAMILO SANSORES \\	

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Typed or printed name of signce

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