L15000107568

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

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.COVER LETTER

Division of Co	orporations		
MUTUO SUBJECT:			
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JONATHAN ASERRAF		
		Name of Person	
		Firm/Company	
	7950 NW 53RD STREET,	SUITE 337	
		Address	
	MIAMI, FLORIDA 33166	i	
	City/State and Zip Code		
	JA@OFFIXSOLUTIONS.C		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
JONATHAN ASERRA	\F	305 799-1576	
Name of Person		at () 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)

TO:

Registration Section

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



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 29, 2015

JONATHAN ASERRAF 7950 NW 53RD ST STE 337 MIAMI, FL 33166

SUBJECT: MUTUO LLC Ref. Number: L15000107568

We have received your document for MUTUO LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Tammy Hampton Regulatory Specialist III

Letter Number: 615A00015861

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUTUO LLC	
(<u>Name of the Limited Lial</u> (A Floi	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L15000107568	y Company were filed on 06/19/2015 and assigned
This amendment is submitted to amend the following:	;
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	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 AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAN OF THE
B. If amending the registered agent and/or registered agent and/or the new registered office age	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Address	Type of Action
MGRM	BENZAQUEN GABAY, SIMON	7950 NW 53RD STREET	Add
		SUITE 337	☐ Remove
		MIAMI, FL 33166	☐ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			□ Remove
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Filing Fee: \$25.00