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SECRETARY OF STATE AND AND OF

JUN 21 2016 S. YOUNG

COVER LETTER

Division of Co				
MAMIJER SUBJECT:	U LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	CARLOS RUFFOLO			
		Name of Person		
	MAMIJERU LLC			
	•	Firm/Company		G
	15 NW 7TH AVENUE			JUN 20
		Address	1.00	28 88
	FORT LAUDERDALE, F	L 33311		ANTI: O
		City/State and Zip Code		- 5 S
	RUBEN@MIATAX.COM E-mail address: (to be used for future annual report notific	ation)	
For further information of	concerning this matter, please c	all:		
RUBEN ZURGA		786 657-2521 at ()		
Name o	of Person		elephone Number	_
Enclosed is a check for t	he 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 I Certificate of Certified Cop (additional copy	Status &
	ANG ADDRESS:	STREET/COURIE	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAMIJERU LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our record la Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability (Florida document number L16000100510	Company were filed on 05/23/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company "the designation "LC	"or the abbreviation" I C"
and a summing	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	المراجعة الم
Enter new principal offices address, if applicable:		ا الماد المستقدان المستقد
Principal office address MUST BE A STREET ADD	RESS)	23 温花
		F 190
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	stered office address on our records	, enter the name of the ne
registered agent and/or the new registered office add		, <u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	5
	. Flo	orida
		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 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>	<u>Address</u>	Type of Action
MRGM	RUFFOLO, MARCELO ADRIAN	15 NW 7TH AVENUE	■ Add
		FORT LAUDERDALE, FL 33311	☐ Remove
			Change
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Filing Fee: \$25.00