Division of Corporations Electronic Filing Cover Sheet

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(((II160002695873)))



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	MUUI CJS.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONEE LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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H14000269587 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Monee LLC	
Name of the Limited Lie (A F)	ability Company as it now appears on our re orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabi	lity Company were filed on 8/29/2016	and assigned
Florida document number L16000162456	consideration was week.	
This amendment is submitted to amend the following	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company." the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Malitng address MAY BE A POST OFFICE BO.	<i>\(\tilde{D}\)</i>	<u>ੋਂ</u> ਨੂੰ
B. If amending the registered agent and/or	registered office address on our record	ds, enter the mine of the new
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		S D C
New Registered Office Address:		De No
	Enter Florida	street address
	,F	Torida
-	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 filled 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 3

H14000Q695873

MGR - Manager

H14000a495787 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member				
Title	Name	Address	Type of Action	
AR Lolimar Sanchez	Lolimar Sanchez	2000 CARR. 8177 STE 26 PMB 106	Add	
		GUAYNABO, PR 00966-3732	X Remove	
AR	Saul Suarez	PO BOX 361686	Add	
		SAN JUAN, PR 00936-1686	X Remove	
			Add	
			Remove	
			Remove	
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d. Uma	ending any ulter intermedien, anter changels) have: iterach additional three, (foscostory)
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-	
E. Effect (Unicffe	tre date, if other than the dute of filing: crive date, is listed, the dute wast be specific and comot be more from 90 days offer (filing.) (605.0207 (3)(b)
Dated	october 131 3016
	Signature to a missionic is submissed required to a partition
	Vahairie Tapia. AR

Page 3 ef 3

Filling Fee: \$25.00

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