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## **COVER LETTER**

SUBJEC'	MFUPRZ L			
			ted Liability Company	
The enclo	sed Articles of /	Amendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspor	ndence concerning this matter t	to the following:	
		MARIA F. ULKE		
			Name of Person	
		MFUPRZ LLC		
			Firm/Company	
		4000 NW 7 ST, SUITE 254	1	
			Address	
		MIAMI FL, 33126		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		MFUPRZ@GMAIL.COM  E-mail address: (t	to be used for future annual report no	tification)
For furthe	r information co	oncerning this matter, please ca		
MARIA I	F. ULKE		+1 305310256 at () Area Code Daytin	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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**

MFUPRZ LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the ner registered agent and/or the new registered office address here:  Name of New Registered Agent:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<b>5</b> ;
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	RIDA
registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter F	Florida street address
	, Florida
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 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
MGRM	ULKE, MARIA F	4000 NW 7 ST SUITE 254	□ Add
		MIAMI FL, 33126	Remove
			■ Change
AMBR	RUIZ, PABLO	4000 NW 7 ST SUITE 254	
		MIAMI FL, 33126	Remove
			■ Change
AMBR	RUIZ, MARIA F	4000 NW 7 ST SUITE 254	□ Add
•		MIAMI FL, 33126	Remyve
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	Signature of 3	us f							

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Filing Fee: \$25.00