

**L17000042357**

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☐ PICK-UP

☐ WAIT

☐ MAIL

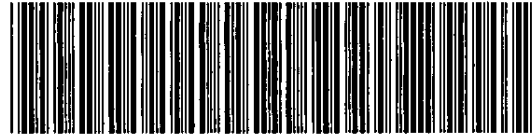
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
17 MAR 13 AM 10:28

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MUZ 800 LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA GUADAMUZ

Name of Person

MUZ 800 LLC.

Firm/Company

81 NE 47TH STREET

Address

MIAMI, FL 33137

City/State and Zip Code

CONTACT@BRIGADEBOOKKEEPING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA GUADAMUZ

305 576-9320  
at ( )

Name of Person

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)

### 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MUZ 800 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/22/2017 and assigned  
Florida document number L17000042357.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

81 NE 47TH STREET

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33137

**Enter new mailing address, if applicable:**

81 NE 47TH STREET

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FL 33137

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter 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>	<u>Type of Action</u>
MGRM	GUADAMUZ, MARIA	81 NE 47TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	CASTRO, DIEGO	81 NE 47TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A ONLY AMENDING ABOVE ADDRESSES

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March. 3, 2017

Signature of a

Signature of a member or authorized representative of a member

MARIA GUADAMUZ

Typed or printed name of signee

## Change of Address or Responsible Party — Business

▶ Please type or print.

▶ See instructions on back. ▶ Do not attach this form to your return.  
▶ Information about Form 8822-B is available at [www.irs.gov/form8822b](http://www.irs.gov/form8822b).

OMB No. 1545-1163

**Before you begin:** If you are also changing your home address, use Form 8822 to report that change.

If you are a tax-exempt organization (see instructions), check here ☐

Check **all** boxes this change affects:

- 1 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 ☒ Business location

<b>4a Business name</b>		<b>4b Employer identification number</b>
MUZ 800 LLC		81-5448674
<b>5 Old mailing address</b> (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.		
81 NE 48TH ST. MIAMI FL 33137		
Foreign country name	Foreign province/county	Foreign postal code
<b>6 New mailing address</b> (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.		
81 NE 47TH STREET MIAMI FL 33137		
Foreign country name	Foreign province/county	Foreign postal code
<b>7 New business location</b> (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.		
81 NE 47TH STREET, MIAMI FL 33137		
Foreign country name	Foreign province/county	Foreign postal code
<b>8 New responsible party's name</b>		
<b>9 New responsible party's SSN, ITIN, or EIN</b>		

**10 Signature**

Daytime telephone number of person to contact (optional) ▶

305 576 9320

**Sign Here**

Signature of owner, officer, or representative

MANAGING MEMBER

Title

Date

### Where To File

Send this form to the address shown here that applies to you.

IF your old business address was in . . .	THEN use this address . . .
Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service Cincinnati, OH 45999-0023
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, any place outside the United States	Internal Revenue Service Ogden, UT 84201-0023