## L17000194556

(Req	uestor's Name)	
(Add	ress)	-
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(City	/State/Zip/Phone #)	)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
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## COVER LETTER

	istration Sec ision of Corp		· ·	
SHR BOT.	MADELUM	LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter (	to the following:	
		ALFONSO IGLESIAS		
			Name of Person	
		MADELUM LLC		
			Firm/Company	
		Name of Limited Liability Company  TAmendment and fee(s) are submitted for filing.  Independence concerning this matter to the following:  ALFONSO IGLESIAS  Name of Person  MADELUM LLC  Firm/Company  9675 NW 117TH AVE STE 405  Address  MEDLEY, FL 33178  City/State and Zip Code  INFO@MADELUM.COM  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  at (		
		-	Address	
		MEDLEY, FL 33178		
			City/State and Zip Code	<u> </u>
		<del>-</del>	a be used for future unmust report no	titiestion
For further in	formation co			meanan
ALFONSO I	GLESIAS		at t A	
	Name of	Person	Area Code Daytii	me Telephone Number
Enclosed is a	check for the	following amount:		
<b>≘</b> \$25,00 Fi	iling fee		Certified Copy	Certificate of Status &

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

MADELUM LLC		<del></del>	
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)		
the Articles of Organization for this Limited Liability Company were filed on $\frac{09/19/2017}{117000194556}$		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "LL.C."	
Enter new principal offices address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>	Control of the second s	
		<b>N</b> 266	
		<b>5</b> 65	
nter new mailing address, if applicable:		<b>₹</b> ₹20	
Mailing address MAY BE A POST OFFICE BOX)		<b>9</b> 32 2	
		1 OF OF	
. If amending the registered agent and/or registeregistered agent and/or the new registered office address  Name of New Registered Agent:		r the name of the	
New Registered Office Address:			
	Enter Florida street address		
	, Florida	Zip Code	
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	GUILLERMO MOJENA	9675 NW 117TH AVE STE 405	
		MEDLEY, FL 33178	Remove
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fective da	ate, if other than the date of filing:	(optional)	
in effective	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day	's after filing.) Pursuant to 60	
	date inserted in this block does not meet the applicable statutory filing requirement effective date on the Department of State's records.	is, this date will not be its	steu a:
	·		
record	specifies a delayed effective date, but not an effective time, at 12:	·01 a m on the earl	lier o
	n day after the record is filed.	.or a.m. on the can	1,C1 O
	·		
ntad	June 19th JOI8. Lylisiaf		
cu			
	lafestaf		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00