## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (850)656-7956

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONDIKA LLC

Certificate of Status	0
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AL

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONDIKA	LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as It now appearability Company)	ers on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company we Florida document number 1.18000061847	ere filed on _	March 8, 2018	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabilit</u>	ty company l	ner <del>e</del> :		
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)		<del></del>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			10-11	18 50
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address o	n our records, enter	the name of the s	20 1
Name of New Registered Agent:	_		<u></u>	•
New Registered Office Address:	Enter Fl	orida street vildress		-
	Clty	, Florida _	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

Page 1 of 3

\_ Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Title <u>Name</u> Address Type of Action JULIO JAVIER WOLMAN FAIERSTEIN 1750 N Bayahore Dr Miami FL 33131 MGR **■** Add □ Remove \_□ Change ☐ Remove \_□ Change \_D Add □ Remave \_ Change bbA 🗖 \_□ Remove \_□ Change \_□ Remove \_ Change \_□ Add \_□ Remove

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Note: If	e date, if other than the date of filing:	5.0207 (3)(b) icd as the	
(f the reco (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliable of the record is filed.	ier of:	
Dated _	November 20 2018		
··· <u>-</u>			
	Signature of a number or authorized representative of a member		
	11 - Table 11		

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Filing Fee: \$25.00