## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

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Phone : (305)599-0839

: (305)592-9591 Fax Number

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

Email	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MUNDO OPI, LLC

Certificate of Status	0
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VAN (1) 2021

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUNDO OPILLO		
(Name of the Limited Liability Compa (A Florida Limited	invias if now appears on our records, Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number L18000066504	were filed on 03/16/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name trust be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation, L.L.C.
Enter new principal offices address, if applicable:	1295 NE 182ND ST	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33162	5 6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1295 NE 182ND ST MIAM1 FL 33162	VH 10: 21
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Fla	rida
	Crivi	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 smending 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>	Name	Address	Type of Action
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