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Florida Department of State
Division of Corporation
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To: Division of Corporation
Fax Number : 7850 617-6332

From: Account Name : DANIEL BRESHO CPA PA
Account Number : 722186000203
Phone : 79541 671-2221
Fax Number : 78661 843-2531

Enter the email address for this business entity to be used for future email reports mailings. Enter only one email address please.

Email Address: ANAT@BENGIOTAX

LLC AMND/RESTATE/CORRECT OR M/G RESIGN

MY LIMON LLC

Certificate of Status	0
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CO:6 HV L=DES-0102

U.S. M I D O U G

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MY LUMON LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANAT YANIV

Name of Person

DANIEL BENGIO CPA PA

Firm/Company

6100 HOLLYWOOD BLVD STE 212

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

ANAT@BENGIO.TAX

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

For further information concerning this matter, please call:

ANAT YANIV _____ at (954) 800-3806
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

MY LUMON 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 7/12/2018 and assigned
Florida document number L18000168590

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MY CHARM I LLC

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:

12801 W SUNRISE BLVD

(Principal office address MUST BE A STREET ADDRESS)

SUNRISE, FL 33323

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 new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, 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

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>
AMBR	MIKHAIL AGEEV	3030 NE 188TH ST. APT 70	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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