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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
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SEURELARY OF STATE
ALLAHASSEE, FLORIDA

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COVERLELLER

TO: Registration Division of C			
MOVILU SUBJECT:	INO INTERNATIONAL LLC		
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	binitted for filing.	
Please return all corresp	nondence concerning this matte	r to the following:	
	JOSE PRADO DE LUCA	· ·	
	MOVILUNO INTERNA	Name of Person	
	19999 EAST COUNTRY	Finn/Company CLUB DR APT 303	
	AVENTURA/ FL 33180	Address	
	POPOLI10@HOTMAIL.C	City/State and Zip Code	
		to be used for fature annual report not	(fication)
For further information	concerning this matter, please c	ail:	
JOSE PRADO DE LUC	·A	786 302-9754	
Name	of Person	at ()	e Telephone Number
Enclosed is a check for t	he 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 Fiting 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
266) Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

MOVILUNO INTERNATIONA			
(Name of the Lie	nited Liability Company as i (A Florida Limited Liabilit	t now appears on our records y Company)	<u>.</u> '
The Articles of Organization for this Limited Florida document number L19000105705	Liability Company were	filed on 04/17/2019	and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the Enter new principal offices address, if appl (Principal office address MUST BE A STRE	icable:	npany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office a	ddress on our records,	enter the case of the new
Name of New Registered Agent:	JOSE PRADO DE LU	CA	25 - 8
New Registered Office Address:	19999 EAST COUNTI	RY CLUB DR APT 303	
	AVENTURA	Enter Florida street address Flori	FLORIDA SI O7
	Cit	, 1 1011	Zıp 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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			C Remove
			Change
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			☐ Remove
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			☐ Remove
			D Change

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ted AUGUST 15 2019	the earlier of:
Signor report a member or sutherized representative of a member	
JOSE PRADO DE LUCA	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00