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Registration Section TO: **Division of Corporations** Murunto, LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: OSCAR SOLORZANO Name of Person MURUNTO LLC Firm/Company 31 SE 5TH STREET, UNIT 507 Address MIAMUFL 33131 City/State and Zip Code oscar@murunto.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OSCAR SOLORZANO 786 8483538 at (______) Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327

Certificate of Status

Tallahassee, FL 32314

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status & Certified Copy

(additional copy is enclosed)

TO ARTICLES OF ORGANIZATION OF

Murunto, LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now app ted Liability Compar	oears on our rec iy)	ords.)		
The Articles of Organization for this Limited Liability Comp. L20000063767 Florida document number	any were filed on	February 26.	2020	_ and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited I	liability company	<u> here</u> :			
The new name must be distinguishable and contain the words "Limited L	iability Company," t	he designation "I	.LC" or the abbro	eviation "I	LC."
Enter new principal offices address, if applicable:			<u> </u>		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>	<u></u>	2	
		<u></u>	<u> </u>	20 MAR	
Enter new mailing address, if applicable:			AHAS	20	7
(Mailing address MAY BE A POST OFFICE BOX)		 .	140 140 100 100 100 100 100 100 100 100	<u> </u>	- Interest
				- 	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on ou	r records, <u>en</u>	ter the name o	of the ne	w register
Name of New Registered Agent:	- -				
New Registered Office Address:	Para	Florida street add			
	r.nter	r toriaa sirvet aac	tress		
	City	 -	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:				
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compleacept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance as provided for i	of my duties. In Chapter 60	and Lam fan 5, F.S. Or, if	niliar wi this doc	th and ument is
<u>IL C</u>	Changing Registered	Agent, <u>Signatu</u>	re of New Regist	tered Age	<u></u>

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
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ffective date, if other than the an effective date is listed, the date mu	e date of filing: st be specific and cannot be prior to date of filing or more than 90 day	(optional) s after filing.) Pursuant to 605,0207 (.
<u>lote:</u> If the date inserted in this b	lock does not meet the applicable statutory filing requirement	s, this date will not be listed as th
ocument's effective date on the E	epartment of State's records.	
record specifies a delayed effection	e date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
l is filed.		
March 14	2020	
ated		
nted	-67	

Typed or printed name of signee