Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000105122 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

9

Account Name : LAW OFFICE OF RAWNY GARAY, P.A.

Account Number : 120040000004 Phone : (305)373-8355 Fax Number : (305)373-8353

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

Email Address: GARAY@ RGARAYLAW.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MULUT, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MULUT LLC		
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	March 18, 2022	and assigned
Florida document number L22000112394	_ 		_
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	he limited liability company he	erę:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the d	esignation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)	·- <u>-</u>	
			
Enter new mailing address, if applicable:			<u>.</u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		ecords, <u>enter the nan</u>	
agent and of the new registered office address	nere.		022
Name of New Registered Agent:			2022 HAR
Name of New Registered Agent.			P2
New Registered Office Address:	Futur Cla	rida street address	
	Enter Floi	ruu sireei aaaress	
	City	, Florida	Zip Code-Π
	Cuy		rip 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 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>	Address	Type of Action
MGR/AN	Valentina Ramsbott	1831 SW 27th Avenue	\ Add
		Miami, FL 33145	
			Change
MGR.AM	Valentina Cavalli	1831 SW 27th Avenue	
		Miami, FL 33145	=Remove
			☐Change
			\ \ _Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Remove
			□Add
			Remove
			Change

-		
		
		
		
		
ffective date, if other than the o	ate of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	
f an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant ok does not meet the applicable statutory filing requirements, this date will not be	to 605.0207
locument's effective date on the De	partment of State's records.	
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
March 21	2022	
	ignature of a member or authorized representative of a member	_
	Rawny Garay, auhtorized representative of a member	
_ 	Typed or printed name of signee	

Filing Fee: \$25.00