

h22000208958

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(Address)

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(City/State/Zip/Phone #)

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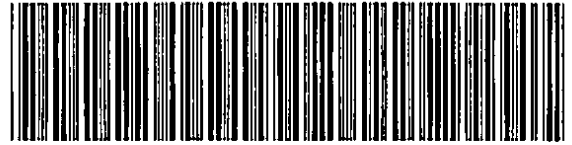
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2022 JUL 18 PM 2:06
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MUNU LLC
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:

CRISSAN JAMES
Name of Person
MUNU LLC
Firm/Company
27536 SW 142ND AVENUE
Address
HOMESTEAD, FL, 33032
City/State and Zip Code
ADMIN@MUJUMIER.COM
E-mail address: (to be used for future annual report notification)

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2022 JUL 18 PM 2:06
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

CRISSAN JAMES at (786) 580 6451
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MUNU 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 05/03/2022 and assigned
Florida document number L220000208958

This amendment is submitted to amend the following:

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

MUJUMIER 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3020 NE 41ST TERRACE

SUITE 9 #258

HOMESTEAD, FLORIDA, 33033

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

Florida

City

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>
MGR	CHRISTIAN JOHNSON	27536 SW 142ND AVENUE	<input type="checkbox"/> Add
		HOMESTEAD, FL, 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTLYAN JOHNSON	27536 SW 142ND AVENUE	<input type="checkbox"/> Add
		HOMESTEAD, FL, 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AALIYAH JAMES	27536 SW 142ND AVENUE	<input type="checkbox"/> Add
		HOMESTEAD, FL, 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	LESLITA JAMES	27536 SW 142ND AVENUE	<input type="checkbox"/> Add
		HOMESTEAD, FL, 33032	<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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2022 JUN 18 PM 2:06
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

2002 JUL 18 PM 2:06
SUNY ALBANY

FILED
2022 JUL 18 PM 2:06
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF NEW YORK

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 16 2022

Signature of a member or authorized representative of a member

CRISSAN JAMES

Typed or printed name of signee