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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Mustelier	Extertewnent intel Liability Company	11.0
30101.011	Name of Lin	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RAA	Now Mustelier	<u> </u>
	Mustel	Name of Person Name of Person RENTENTALINA Firm'Company	1ent LCC
	46 N	e 164th ST	
		Address	
	Miani	FU 3316 Z City/State and Zip Code	
		City/State and Zip Code	- 1 C3
	E-mail address: (to be used for future annual report notil	ication)
For further information ed	oncerning this matter, please c		:
٥	1 /-		m 2
Framov Name of	Mustelen	at (305) 469 C	2004 e Telephone Number
		The code Dayuna	, receptione common
Enclosed is a check for th	e 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 S		Street Address: Registration Sec	rtion
Division of Co	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, F		The Centre of T 2415 N. Monroe	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mustelien Ent	er Hivment CC v Company as it now appears on our records.) Limited Liability Company)	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	and Linkilla. Commun. "the designation of LC" and he	abbassississ of L.C.
	ted thannity company, the designation 1.1.0 of the	appreviation 121.C.
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDR)	ESS)	153
		- 1
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
maning dadress MAT BE A 1 051 01 11CE BOA	_	
		•
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	me of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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>	Address	Type of Action
AMBR	RAMON Mustelier	46 NE 164th ST	CAdd
		MIAMI FL 33162	□Remove
			□Change
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			Change

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