

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813)223-7000
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O3 APR 30 PH 1: 35

## LIMITED LIABILITY AMENDMENT

MUNDO HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MOI-384

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company	is: MUNDO HOLDINGS, LLC			
2. The mailing address of the limited liability		TA.		
MIAMI, FL 33155			APS	
02/20/2001	M0100000384	ζη <b>ς</b> :	<del>}</del> 30	
3. Date of filing/registration in Florida 4. Document number		1	P	
5. The name of the registered agent and the re Florida Department of State:	egistered office address as shown on the records o	of the	$\ddot{\mathcal{S}}$	
<u></u>	FORMATION SERVICES, INC.	L.	11	
ONE SE THIRD	Name AVE, 28TH FLOOR			
MIAMI, FL 331	Address	,		
	Stry, State and Zip			
6. The name and address of the new registere	d agent and/or office:			
MIGUEL A. MA	SPONS			
5965 SW 100 STREET				
Florida street address (P.O. Box NOT acceptable)				
MIAMI, FL 3315	6 <sub>FL</sub>			
City, State and Zip				
confirmed that after the change or changes are and the business office of the registered agen liability companies it is baseby confirmed that	ted under the laws of the State of Florida, it is her be made, the Florida street address of the registere the will be identical. Or, in the case of a Florida line the change(s) was/were authorized by an affirmation or as otherwise provided in the articles of organicy company.	d office nited tive vote	: of	
(Signature of a member of Authorized representative of a me	ember)			
MIGUEL A. MASPONS	ا را در التي التي التي التي التي التي التي التي			
(Printed or afped name of signes)	al account and account to get be this commander. I struck			
comply with the provisions of all statutes related and I am familiar with and decept the obligate Chapter 608, 5.5. Or This document is being address, I be they continue that the limited liable that the continue of the con	d agent and agree to act in this capacity. I furthe tive to the proper and complete performance of i lions of my position as registered agent as provid ny filed to merely reflect a change in the register bility company has been notified in writing of this	r agree in duties ed for in ed office change.	10 f,	
(Signature of Registered Agains)				
Division of Corporations	, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00

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