

**L1500105981**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : NATALIE M. BURNS PL  
Account Number : I20140000036  
Phone : (305)733-8223  
Fax Number : (561)450-5105

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MOLKAJETE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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2016 DEC -5 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 DEC -5 AM 9:34  
DIVISION OF CORPORATIONS  
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DEC 06 2016

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10/3/2016 10:11:42 AM PAGE 1/001 Fax Server



October 3, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MOLKAJETE, LLC  
14901 SW 4TH STREET  
APT #1  
PEMBROKE PINES, FL 33027US

SUBJECT: MOLKAJETE, LLC  
REF: L15000105981

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H16000244331  
Letter Number: 116A00021154

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOLKAJETA, 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 06/17/2015 and assigned Florida document number L15000105981

This amendment is submitted to amend the following:

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

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)

9940 NW 10TH STREET MIAMI, FL 33172

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

9940 NW 10TH STREET MIAMI, FL 33172

FILED 16 DEC -5 AM 9:34 DIVISION OF REVENUE AND FINANCE

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: CAMILO SANSORES

New Registered Office Address: 9940 NW 10TH STREET Enter Florida street address

MIAMI Florida 33172 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

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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	LOPEZ MONROY, ALIJANDRO	14901 SW 4TH STREET, APT#1	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H16000244331 3)))

Lined area for amending information, currently blank.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 SEPTEMBER 12, 2016

\_\_\_\_\_  
Signature of a member or authorized representative of a member

CAMILO SANORES  
\_\_\_\_\_  
Typed or printed name of signee