

L14000058831

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 27

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MBI SERVICES, 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:

JORGE LUIS HERNANDEZ

Name of Person

MBI SERVICES LLC

Firm/Company

2701 OAKMONT CT

Address

WESTON FL 33332

City/State and Zip Code

JNANDOWS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN FERNADO SANDOVAL

786 245-1667
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MBI SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 04/10/2014 and assigned

Florida document number L14000058831

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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:

2701 OAKMONT CT

(Principal office address MUST BE A STREET ADDRESS)

WESTON FL 33332

Enter new mailing address, if applicable:

2701 OAKMONT CT

(Mailing address MAY BE A POST OFFICE BOX)

WESTON FL 33332

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:

JORGE LUIS HERNANDEZ

New Registered Office Address:

2701 OAKMONT CT

Enter Florida street address

WESTON

City

Florida

33332

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MIREYA MURGA	7290 NW 114TH AVE #312	<input type="checkbox"/> Add
		DORAL FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JORGE LUIS HERNANDEZ	2701 OAKMONT CT	<input checked="" type="checkbox"/> Add
		WESTON FL 33332	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUSTAVO DIAZ	2701 OAKMONT CT	<input checked="" type="checkbox"/> Add
		WESTON FL 33332	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN FERNANDO SANDOVAL	2701 OAKMONT CT	<input type="checkbox"/> Add
		WESTON FL 33332	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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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 APRIL 18, 2016

Signature of a member or authorized representative of a member

JORGE LUIS HERNANDEZ

Typed or printed name of signer