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EXAMINER



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03/23/10--01019--012 **30.00

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:M	-Squared Ente Name of Limi	MITSES, LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shannou	Miller	
		Name of Person	
		· · · · · · · · · · · · · · · · · · ·	
	0	Firm/Company	
	_6273 Pine	Tevrace Address	
		Address	
	Plantation	FL. 33317	
	1 1	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notificati	ion)
For further information of	concerning this matter, please c	all:	
SHAWOU A	LILER Of Person	at 954, 200 - 74	clephone Number
Name o	ir rerson	· Area Code & Daytime 16	etephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

M-Squared E	uterpri	ses LLC		
(Name of the Limited Liabi (A Florid	lity Combany da Limited Lia	as it now appears obility Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number	<u>16</u> . :		/21/2000	SECRETARY OF STAIL /ISIDE OF CURPORATION 10 Mar 23 PM 1: 35 In Mar 10 Ma
The new name must be distinguishable and end with the v"L.L.C."	words "Limite	d Liability Company	" the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	DRESS)	6273 F Planta	ine Terrae	. 33317
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6273 Plantati	PineTerr on FL.	333H
B. If amending the registered agent and/or registered agent and/or the new registered office a		e address on our	records, enter	the name of the ne
Name of New Registered Agent:		· •		
New Registered Office Address:	6273	Pine Terr		
	Planta		Florida street ad	

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Shannon Miller	1973 Pine Terroce Plantotian Fl. 33317	Add
MAR	LARRY MOSKOWITZ	2924 Davie ROAD SHITE 203 DAVIE FL. 33314	Add Remove
	·····		Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
_			
			
Dated	······································	 •	
	Signature of a member	r or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00