

08/06/2013 16:30

043840017

ROSENTHAL LAW GROUP

PAGE 01/05

Division of Corporations

Page 1 of 1

LOS000062607

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H13000174644 3)))



H130001746443ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : ROSENTHAL LAW GROUP  
Account Number : I20000000101  
Phone : (954) 384-9200  
Fax Number : (954) 384-0017

**\*\*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  
MS & ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED  
13 AUG -6 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
13 AUG -6 AM 7:27  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MS & Associates, 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:

**Alex Rosenthal**

Name of Person

**Rosenthal Law Group**

Firm/Company

**2115 N Commerce Parkway**

Address

**Weston, FL 33326**

City/State and Zip Code

**wlasure@flamold.com**

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

For further information concerning this matter, please call:

**Alex Rosenthal**

Name of Person

**954 384-9200**

at

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

(((H13000174644 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**MS & Associates, 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 6/23/2005 and assigned  
Florida document number L05000062607.

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 end with 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)

2181 Jupiter Park Drive, Suite E26

Jupiter, FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2181 Jupiter Park Drive, Suite E26

Jupiter, FL 33458

**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:

New Registered Office Address:

Enter Florida street address

Florida

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 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

(((H13000174644 3)))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG -6 AM 7:27

(((H13000174644 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MERKLE, PETER	1215 WALLACE DRIVE	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Remove
MGRM	FRIONE, FRANK	1215 WALLACE DRIVE	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Remove
MGRM	KAUB, FRED	1215 WALLACE DRIVE	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 13 AUG 5 13 AM 7:27  
☒ Add  
☒ Remove

(((H13000174644 3)))

(((H13000174644 3)))

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

Dated \_\_\_\_\_

*Wayne L. Member*

Signature of a member or authorized representative of a member

*Wayne L. Member*

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG -6 AM 7:27

(((H13000174644 3)))