

L07000024829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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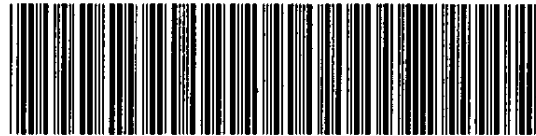
(Business Entity Name)

(Document Number)

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2009 AUG 13 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 14 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSI, 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:

JAKE GERSOWSKY
Name of Person

MSI LLC
Firm/Company

1287 E NEWPORT CENTER DR , SUITE 207
Address

DEERFIELD BEACH , FL 33442
City/State and Zip Code

jakegersowsky@lbggroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jake Gersowsky at (954) 354 0202
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

FILED

2009 AUG 13 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MSI, 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 _____ and assigned
Florida document number 107000024829.

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)

1342 S POWERLINE ROAD

DEERFIELD BEACH

FL 33442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1287 E NEWPORT CENTER DR

SUITE 207

DEERFIELD BEACH, FL 33442

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

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>
MGR	REYMAN INDUSTRIES, INC	1342 S. POWERLINE RD DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	OXFORD INDUSTRIES	NORRISTOWN ROAD SUITE 255 AMBLER, PA 19002	<input type="checkbox"/> Add <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
/			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

/

Dated AUGUST 10, 2009

✓
Signature of a member or authorized representative of a member

JAKE GERSOWSKY, MGR

Typed or printed name of signee

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TALLAHASSEE, FLORIDA