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B. KOHR

MAY 25 2010

EXAMINER

10 MAY 26 PM 1:45

RECEIVED
DIVISION OF CORPORATIONS

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **M&S DURAN INVESTMENTS 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:

Miguel E. Duran

Name of Person

M&S Duran Investments LLC.

Firm/Company

627 North Forsyth Road

Address

Orlando, Florida 32807

City/State and Zip Code

sazon436@gmail.com

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

For further information concerning this matter, please call:

Miguel E. Duran

Name of Person

at (**407**)

628-9447

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

10 MAY 24 PM 1:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

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

M&S Duran Investments 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 May 08, 2009 and assigned
Florida document number L09000045173.

10 MAY 24 PM 1:45
RECEIVED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>
MGRM	Elvira Michta	639 North Forsyth Road Orlando, Florida 32807	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Helen Perez	5945 Dahlia Drive Orlando, Florida 32807	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mario Cordova	26 Vanna Court Orlando, Florida 32807	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Michael Duran	14018 Mailer Blvd Orlando, Florida 32822	<input checked="" 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 May 19, 2010



Signature of a member or authorized representative of a member

Miguel E. Duran

Typed or printed name of signee