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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 21 2010

EXAMINER

L1000000 9947

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Multi-Family Asset Solutions, 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:

Rafael Perez
Name of Person

Multi-Family Asset Solutions, LLC
Firm/Company

31408 Cross Creek Lane
Address

Wesley Chapel FL 33543
City/State and Zip Code

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

For further information concerning this matter, please call:

Rafael Perez at (305) 775 4595
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

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10 MAY 20 PM 1:35
TALLAHASSEE, FLORIDA

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

Multi-Family Asset Solutions, 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 01/27/2010 and assigned Florida document number L10000009947.

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)

31408 Cross Creek Lane
Wesley Chapel, FL 33543

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

31408 Cross Creek Lane
Wesley Chapel, FL 33543

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:

Rafael Perez

New Registered Office Address:

31408 Cross Creek Lane

Enter Florida street address

Wesley Chapel
City

Florida

33543
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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

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

L10000009947

* address change

31408 Cross Creek Lane

Wesley Chapel, FL 33543

Dated 5/17/2010

Signature of a member or authorized representative of a member

RATAEL PEREZ

Typed or printed name of signee

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TALLAHASSEE, FLORIDA