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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

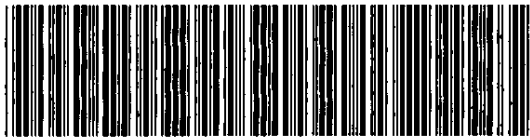
(Business Entity Name)

(Document Number)

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10 AUG 31 PM 12: 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S HAWKES  
SEP 01 2010  
EXAMINER

S. HAWKES  
~~MAR 16 2010~~  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2010

JEAN-MARC PIQUION  
10773 NW 58 ST UNIT 37  
DORAL, FL 33178

SUBJECT: MODULAR SPACE SOLUTIONS LLC  
Ref. Number: L10000026639

We have received your document for MODULAR SPACE SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 610A00006448

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MODULAR SPACE 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:

**JEAN-MARC PIQUION**  
Name of Person  
**MODULAR SPACE SOLUTIONS LLC**  
Firm/Company  
**10773 NW 58 ST. UNIT 37**  
Address  
**DORAL, FL 33178**  
City/State and Zip Code  
**jmpiquion@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JEAN-MARC PIQUION** at ( **954** ) **214-4249**  
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**

**MODULAR SPACE SOLUTIONS LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
**10 AUG 24 PM 12:02**  
STATE OF FLORIDA  
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on MARCH 10, 2010 and-assisted  
Florida document number L10000026639.

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:** 10773 NW 58 ST. UNIT 37  
**(Principal office address MUST BE A STREET ADDRESS)** DORAL, FL 33178

**Enter new mailing address, if applicable:** 10773 NW 58 ST. UNIT 37  
**(Mailing address MAY BE A POST OFFICE BOX)** DORAL, FL 33178

**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:**

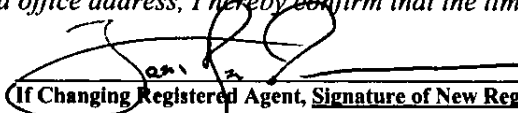
**Name of New Registered Agent:** JEAN-MARC PIQUION

**New Registered Office Address:** 10773 NW 58 ST. UNIT 37,  
*Enter Florida street address*

DORAL, Florida 33178  
*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

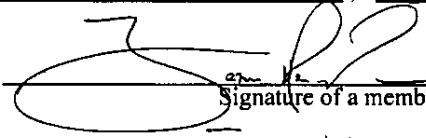
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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STATE  
TALLAHASSEE, FLORIDA

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

- (1) CHANGE MGR JEAN-MARC PIQUION MAILING ADDRESS AS  
10773 NW 58 ST. UNIT 37, DORAL FL 33178
- (2) PLEASE ADD FEIN# 27-2082603
- (3) CHANGE MGRM MICHAEL CARL JEROME MAILING ADDRESS AS  
10773 NW 58 ST. UNIT 37, DORAL FL 33178

Dated March 10<sup>th</sup>, 2010.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Jean-Marc Piquion  
\_\_\_\_\_  
Typed or printed name of signee