

L 10000031251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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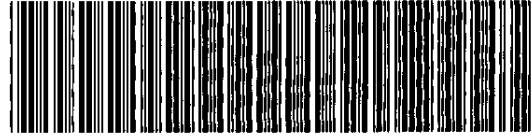
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

JUN 27 2011

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: MSNO PROPERTIES 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:

NOUSHAD MAMUN

Name of Person

MSNO PROPERTIES LLC

Firm/Company

PO BOX 742131

Address

BOYNTON BEACH, FL 33474

City/State and Zip Code

MSNO2009@LIVE.COM

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

For further information concerning this matter, please call:

NOUSHAD MAMUN

Name of Person

at ( 561 )

200-0972

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

FILED  
2011 JUN 24 AM 10:58  
TALLAHASSEE, FL  
SECRETARY OF STATE

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

**MSNO PROPERTIES 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 MARCH 22, 2010 and assigned  
Florida document number L10000031251.

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)

3677 23RD AVE SOUTH, SUITE# A-108

LAKE WORTH, FL 33461, US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 742131

BOYNTON BEACH, FL 33474-2131

**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:

3677 23RD AVE SOUTH, SUITE# A-108

*Enter Florida street address*

LAKE WORTH

*City*

, Florida

33461

*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

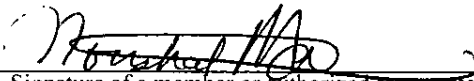
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SADIA MAMUN	8607 BREEZY OAK WAY BOYNTON BEACH, FL 33473, US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MOHAMMAD H MAMUN	8607 BREEZY OAK WAY BOYNTON BEACH, FL 33474	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MOHAMMAD H MAMUN	2201 W. PROSPECT ROAD # 200 FT. LAUDERDALE, FL-33309	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
JUN 24 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated APRIL 15, 2011



Signature of a member or authorized representative of a member

NOUSHAD MAMUN

Typed or printed name of signee