

L10000038149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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A. LUNT

AUG 31 2010

EXAMINER

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FILED
2010 AUG 30 PM 2:48
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MITA SERVICES 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:

ANGELA M. PEREZ
Name of Person
MITA SERVICES LLC
Firm/Company
1451 NW 1ST Street
Address
Miami, FL 33125
City/State and Zip Code
info@themaincrew.com
E-mail address: (to be used for future annual report notification)

2018 AUG 30 PM 2:48
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANGELA M. PEREZ at (305) 293-8877
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**

MITA SERVICES 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 4/10/10 and assigned Florida document number L10000038149.

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)

2010 AUG 30 PM 2:43	FILED
CLERK OF DISTRICT COURT	10
CLERK OF DISTRICT COURT	10
CLERK OF DISTRICT COURT	10
CLERK OF DISTRICT COURT	10
CLERK OF DISTRICT COURT	10

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:

ANGELA M. PEREZ

New Registered Office Address:

1451 NW 1st Street

Enter Florida street address

MIAMI

City

Florida

33125

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.

Angela M. Perez

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

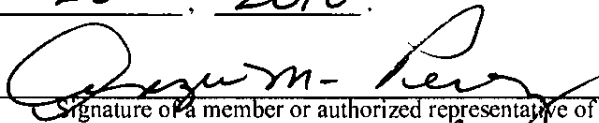
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TATYANA CARLO	1451 NW 1 st Street Miami, FL 33125	<input type="checkbox"/> Add - change name <input type="checkbox"/> Remove
MGR	ANGELA M. PEREZ	1451 NW 1 st Street Miami, FL 33125	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

MGRM NAME IS SPOILED WRONG
I corrected on top.

Dated August 25, 2010.



Signature of a member or authorized representative of a member

ANGELA M. PEREZ

Typed or printed name of signee