L 10000112503

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700305320827

11/13/17--01020--020 **25.00

TIME IN 12

BMF 11/14/17

COVER LETTER

TO:			•	
SUBJE		IPUSERVE, LLC.		
		Name of Lim	ited Liability Company	
			•	
	·	MARC SAINVIL	-	
Division of Corporations MSL COMPUSERVE, 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: MARC SAINVIL Name of Person MSL COMPUSERVE, LLC. Firm/Company 1781 NW 127TH WAY Address CORAL SPRINGS FLORIDA 33071 City/State and Zip Code SAIW64@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARC SAINVIL Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \times \text{S30.00 Filing Fee} \times \text{Certificate of Status} \text{Certificate of Status} \text{Certified Copy}				
		MSL COMPUSERVE, LI		
	Division of Corporations MSL COMPUSERVE, LLC. Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: MARC SAINVIL Name of Person MSL COMPUSERVE, LLC. Firm/Company 1781 NW 127TH WAY Address CORAL SPRINGS FLORIDA 33071 City/State and Zip Code SAIW64@HOTMAIL.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: URC SAINVIL Name of Person Area Code Daytime Telephone Number losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed) Certificed Copy			
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: MARC SAINVIL Name of Person MSL COMPUSERVE, LLC. Firm/Company 1781 NW 127TH WAY Address CORAL SPRINGS FLORIDA 33071 City/State and Zip Code SAIW64@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARC SAINVIL Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount:				
			Address	
		CORAL SPRINGS FLOR	IDA 33071	
		SAIW64@HOTMAIL.COI	·	
		=		ification)
For furt	her information o	concerning this matter, please co	all:	
MARC	SAINVIL) te	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	he following amount:		
\$25	.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

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

MSL COMPUSERVE, LLC.		
(Name of the Lim	ited Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number L10000112503		/2010 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company here:	:
The new name must be distinguishable and contain the	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of		
Name of New Registered Agent:	MARC SAINVIL	23
New Registered Office Address:	Enter Florida	street address
	27.00F 2 10F 100	
	City	, Florida 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 605, 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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	ISLAINE SAINVIL	1781 NW 127TH WAY	
•		CORAL SPRINGS FLORIDA 330	■ Remove
			Change
MGRM	ROSITA FLEURINORD	1721 SW 65TH AVE	□ Add
		NORTH LAUDERDALE FLORID	☐ Remove
			□ Change
			□ Remove
		 	□ Change
***************************************			Action (Control of the Control of th
			Change
		·	23 □ Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change

-				
-	1	 		
-				
-	· · · · · · · · · · · · · · · · · · ·			
-				
=				
-	······································			
-				
-				
-		· · · • · · · · · · · · · · · · · · · ·		
-				
-				
		基度	試	
-			<u> </u>	13
-		1,12,12	<u></u>	F-
_				Ų,
			ի։ 2	
an efi Note:	(optional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing of the date inserted in this block does not meet the applicable statutory filing requirements, this datent's effective date on the Department of State's records.	ng.) Pursua	යා nt to 605. t be liste	.0207 ed as
e red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	. on the	e earlie	er of
ated	$\frac{11/9/2017}{2012}$			
	1/1/16/10/11/1/			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00