

L11 0000 05773

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(Address)

(Address)

(City/State/Zip/Phone #)

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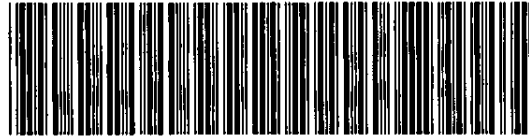
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MSS TRUST ASSOCIATES, 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:

Valerie Possenti, Esq.

Name of Person

Weisburd, Eisen & Possenti, P.A.

Firm/Company

2751 Executive Park Dr., Suite 104

Address

Weston, FL 33331

City/State and Zip Code

rolig@originalimpressions.com

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

For further information concerning this matter, please call:

Valerie Possenti

at **954** **473-0500**

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**

MSS TRUST ASSOCIATES, 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 January 13, 2011 and assigned Florida document number L11000005773.

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:

12900 SW 89 Ct.

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33176

Enter new mailing address, if applicable:

12900 SW 89 Ct.

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 3317

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:

Roland B. Garcia, Jr.

New Registered Office Address:

12900 SW 89 Ct.

Enter Florida street address

Miami

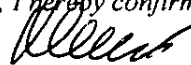
City

Florida 33176

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TALLAHASSEE, FLORIDA

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.



If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Roland B. Garcia, Jr.	12900 SW 89 Ct.	<input checked="" type="checkbox"/> Add
		Miami, FL 33176	<input type="checkbox"/> Remove
MGR	John C. Goede, Esq.	8950 Fontana Del Sol Way First Floor	<input type="checkbox"/> Add
		Naples, FL 34109	<input checked="" type="checkbox"/> Remove
MGR	Brian Clavelle, Esq.	8200 NW 33rd Street STE 303	<input type="checkbox"/> Add
		Miami, FL 33122	<input checked="" 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

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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Dec 19, 2014



Signature of a member or authorized representative of a member

Roland B. Garcia, Jr.

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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