Division of Corporation OOOR 873

Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000019499 3)))



H110000194993ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Eax Number

: (850)617-6383

: (561)515-2939

From:

Account Name : TRIDENT TITLE LLC
Account Number : I20090000078
Phone : (561)515-2920

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pkrasker@kraskerlaw.com

RECEIVED
11 JAN 24 PM 1:59
SECKETARY OF STATE
ALLAHASSEE.FLORIDA.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MSE FINANCIAL LLC

0
0
-01-03
\$25.00

11 JAN 24 AM 9: 02
SECKGRARY OF STATE

B. BOSTICK

Electronic Filing Menu

Corporate Filing Menu

Help JAN 2 5 2011

EXAMINER

EXAMINATION

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

MSE Finan	cial, LLC		<u> </u>
(Name of the Limited Liability Companied L. (A Florida Limited L.	iv as it now appoint in a sit of the sit of	ears on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	January 21, 2011	and assigned
Florida document numberL11000008873	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company b	ere:	•
MSE Investment			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Com	pany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADDRESS)			
			11 SEL
Enter new mailing address, if applicable:			<u>></u>
(Mailing address MAY BE A POST OFFICE BOX)	-		ASS PI
		· · · · · · · · · · · · · · · · · · ·	<u>(71 – * * * * * * * * * * * * * * * * * * </u>
B. If amending the registered agent and/or registered off	ice address on	our records, enter the	namecof the new
registered agent and/or the new registered office address here			B: 02 IATE ORID
		•	DA DA
Name of New Registered Agent:		. ,	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City		Zip Code
New Registered Agent's Signature. if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and completed the obligations of my position as registered agent as n	ete performano	e of my duties, and I am	familiar with and

If Changing Registered Agent, Signature of New Registered Agent Page 1 of 2

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.

H110000194993

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 = N MGRM =	lanager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
<u></u>	·		Add Remove
			Add
<u> </u>	·		Add
			Add Remove
D. If amer –	nding any other information, er	nter change(s) here: (Attach additional sheets, if necessary	SEURLIAN 24 TALLAHASSE
- 			The R
Dated	January 21	, 2011	9: 02
	Signature o	of a member or authorized representative of a member	
	· <u></u> ·	Paul A. Krasker	
•		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00