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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

T. CLINE
JUN - 1 2012
EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	MVS TF	RADE CO. LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
		GASTON BELEN	<u>. </u>
		Name of Person	
	GF	FB TAX SERVICE LLC	
		Firm/Company	
	52 1	0 SW 201st TERRACE	
		Address	
	SOUTH	WEST RANCHES, FL 33332	
		City/State and Zip Code	
	GASTONBE	LEN@GFBTAXSERVICE.COM	AA 29
	E-mail address: (to be used for future annual report notification)	CRE TE
For further information	concerning this matter, please of	eall:	IAS AN
GA	STON BELEN	at (754) 246-6	SECRETARY OF STA
Name	of Person	Area Code & Daytime Telep	hone Number 50 5
			9 5
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

	MVS TRADE CO. LLC			
(Name of the Limited (A	Liability Company as it now appea Florida Limited Liability Company)	ers on our records.)		
The Articles of Organization for this Limited L	iability Company were filed on	01/24/2011	and assi	igned
Florida document numberL1100000	9245			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company he	ere:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	pany," the designation "	LLC" or the a	bbreviation
Enter new principal offices address, if applic	able:		23 5	
(Principal office address MUST BE A STREET AD	ET ADDRESS)		SSE 3	Anthony .
			MO TO	T
Enter new mailing address, if applicable:			STATE ORID	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and	or registered office address on	our records, enter	the name o	f the nev
registered agent and/or the new registered o		, 		
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street add	dress	
		, Florida		
	City		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 **Title** <u>Name</u> **Address** Type of Action **MGRM** GONCAR PRINT USA, LLC **7282 NW 78 TERRACE** ☐ Add Remove MEDLEY FL 33166 US Add ☐ Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 1ST 2012 Dated ____ Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

GASTON BELEN

Filing Fee: \$25.00