

L11000038385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

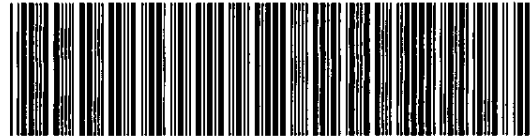
(Business Entity Name)

(Document Number)

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11 NOV 14 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
NOV 16 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WAITLEY MSR 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:

HERMAN SINGH

Name of Person

HERMAN SINGH & ASSOCIATES INC

Firm/Company

500 STATE ROAD 436, SUITE 2016

Address

CASSELBERRY, FL 32707

City/State and Zip Code

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

For further information concerning this matter, please call:

Herman Singh

Name of Person

at (407) 871-1299

Area Code & Daytime Telephone Number

STATE  
TALLAHASSEE, FLORIDA

11 NOV 16 PM 12:53

PM 1:13

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**

**WAITELY MSR 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 3/30/2011 and assigned  
Florida document number L11000038385

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)

95 MURAL STREET SUITE 600

RICHMOND HILL, ON L4B 3G2

CANADA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

95 MURAL STREET SUITE 600

RICHMOND HILL, ON L4B 3G2

CANADA

**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:

HERMAN SINGH & ASSOCIATES, Inc

New Registered Office Address:

500 STATE RD 436, SUITE 2016

Enter Florida street address

CASSELBERRY

City

Florida

32707

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

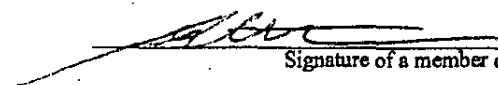
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MSR AMERICAS INC	230 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MSR AMERICAS INC	500 STATE ROAD 436 SUITE 2016 CASSELBERRY, FL 32707	<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.)

STATE OF FLORIDA  
TALLAHASSEE  
NOV 14 PM 12:53

Dated November 11th, 2011

  
Signature of a member or authorized representative of a member

PRADEEP MATHAROO

Typed or printed name of signee