

L11000092174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

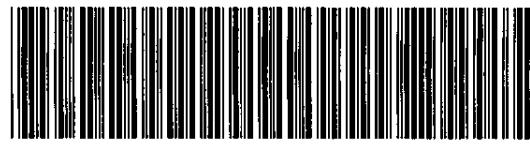
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

2013 JAN 22 AM 8:57

J. SAULSBERRY
EXAMINER

JAN 22 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Machinery Solutions, 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:

Liudmila F. Rojas

Name of Person

Machinery Solutions, LLC.

Firm/Company

25703 SW 128 th Ave

Address

Homestead, FL 33032

City/State and Zip Code

machintrysolutionsllc@gmail.com

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

STATE OF FLORIDA
TALLAHASSEE
REGISTRATION
AND
CERTIFICATION

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For further information concerning this matter, please call:

Liudmila F. Rojas

Name of Person

305 896-7101

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

Machinery Solutions, 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 August 08, 2011 and assigned Florida document number L 11000092174.

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)

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DEPARTMENT
OF STATE
REGISTRATION
AND
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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Liudmila F. Rojas

New Registered Office Address:

25703 SW 128 th Ave

Enter Florida street address

Homestead

, Florida

33032

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>
MGRM	Liudmila F. Rojas	25703 SW 128 th Ave	<input checked="" type="checkbox"/> Add
		Homestead, FL 33032	<input type="checkbox"/> Remove

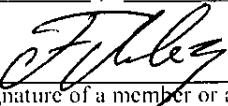
MGRM	Frank A. Horta	25703 SW 128 th Ave	<input type="checkbox"/> Add
		Homestead, FL 33032	<input checked="" type="checkbox"/> Remove

2003 JAN 22 FILED
SHERIFF OF STATE OF FLORIDA
TAKAHASHI, STEPHEN
 Add Remove
 Add 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.)*

Dated December 26th, 2012


Signature of a member or authorized representative of a member

Frank A. Horta

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JAN 22 AM 8:57
SIXTH JUDICIAL CIRCUIT CLERK
STATE OF FLORIDA
TAMPA, FLORIDA

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