

L11000127421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APR 25 2012

EXAMINER



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04/23/12--01008--001 **30.00

12 APR 23 AM 8:16
FRIED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MULTISERVICE E-COMMERCE 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:

Thomas J Kane III

Name of Person

MULTISERVICE E-COMMERCE LLC

Firm/Company

16126 SW 106th TERRACE

Address

Miami FL 33196

City/State and Zip Code

adulzaides@gmail.com

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

For further information concerning this matter, please call:

Armando Dulzaides

Name of Person

at (786)

715-0954

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

FILED
DIVISION OF CORPORATIONS
12 APR 23 AM 8:16

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

MULTISERVICE E-COMMERCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SUPERINTENDENT'S OFFICE
DIVISION OF CORPORATIONS
12 APR 23 4:16 PM

The Articles of Organization for this Limited Liability Company were filed on 11/08/2011 and assigned
Florida document number L11000127421.

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:

16126 SW 106th Terrace

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33196

Enter new mailing address, if applicable:

16126 SW 106th Terrace

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33196

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:

KW Consulting & Associates, LLC

New Registered Office Address:

16126 SW 106th Terrace

Enter Florida street address

Miami

City

Florida

33196

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:

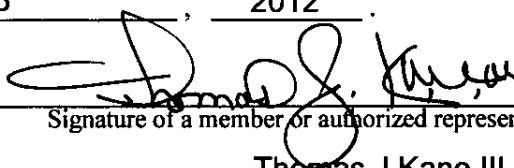
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BICEK, ROBERT G	170 west Oak Street Suit 4N Chicago IL 60610	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MUNIZ, GUILLERMO	8134 South West 164 CT Miami FL 33193	<input type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated April 18, 2012



Signature of a member or authorized representative of a member

Thomas J Kane III

Typed or printed name of signee