

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	(#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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G. MCLEOD

SEP 11 2012

EXAMINER



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SECRETARY OF STATE
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COVER LETTER

TO: Registration Se Division of Con				
SUBJECT:	MC PROPER	TY SERVICES, LLC		
	Name of Limi	ted Liability Company		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	MARTHA L ESTRADA			
	Name of Person			
•	MC PROPERTY SERVICES, LLC			
Firm/Company				
	7900 HARBOR ISLAND DR #1506			
		Address		
	NORTH BAY VILLAGE FL 33141 US			
		City/State and Zip Code		
	E-mail address: (uricioce9@yahoo.com to be used for future annual report notifica	ation)	
For further information of	concerning this matter, please c	all:		
Mai	tha L Estrada	at (786) 6	23-7160	
Name o	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	DIC ADDRESS.	OTD PET (COUDING	n Apprece	

MAILING ADDRESS:

TO:

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

MC PROPEI	RTY SERVICES, L	LC	
(<u>Name of the Limited Liability</u> (A Florida L	company as it now appears imited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	06/26/2012	and assigned
Florida document numberL12000083932			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	2:	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compar	ny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR)	ESS)	<u>_</u>	7. 7
			E M
Enter new mailing address, if applicable:		A S	- Manual Parameter Control of the Co
(Mailing address MAY BE A POST OFFICE BOX)			S I II
			OF STATE
B. If amending the registered agent and/or registered agent and/or the new registered office addr		£,3**	
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Milena P Rodrigue	z 1165 Vinings Place Way Mableton, GA 30126	Add Remove
			Add Remove
			Add Remove
			Domouo
			Add Remove
			Add Remove
D. If amend	ling any other information	n, enter change(s) here: (Attach additional sheets, if nece	ssary.)
_			
	August 00	0040	
Dated	August 20	Wastha L'Estrada	
	Signat	ule of a member or authorized representative of a member Martha L Estrada	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00