

L120000101570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

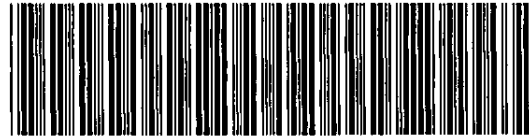
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OCT - 8 2012

EXAMINER



000240339380

10/05/12--01013--003 \*\*30.00

FILED  
12 OCT -5 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Cindy G. Duque**  
Attorney At Law

Phone: 407.855.1660  
Fax: 407.855.1662

October 2, 2012

**Via U.S. Mail**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Amendment to Articles of Organization  
Removal of Member  
MLSA, LLC, L12000101570**

Dear Sir or Madam:

This firm has been retained to represent MLSA, LLC. On its behalf, we are filing this Amendment to its Articles of Organization, removing a member. We are also at this time requesting a Certificate of Status.

Enclosed is a check (#1512) in the amount of \$30.00 to cover the costs for processing these items.

Thank you for your assistance in this matter. If you should have any questions, please do not hesitate to contact our office directly at (407)-855-1660.

Sincerely,

A handwritten signature in black ink, appearing to read "Cindy Duque Bonilla".

Cindy Duque Bonilla

CDB/sn  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MLSA, 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:

Cindy Duque Bonilla  
Name of Person  
Duque Law Firm, LLC  
Firm/Company  
13574 Village Park Dr., Suite 200  
Address  
Orlando, FL 32837  
City/State and Zip Code  
marckab24@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Duque Bonilla at ( 407 ) 855-1660  
Name of Person 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**

MLSA, 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 08/07/2012 and assigned  
Florida document number L12000101570.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

n/a

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)**

n/a

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

n/a

FILED  
12 OCT -5 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

n/a

New Registered Office Address:

Enter Florida street address

, 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

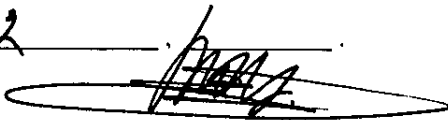
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Micke M Mwepu	4865 Cypress Woods Dr., #2202 Orlando, FL 32811	<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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

10/01/2012



Signature of a member or authorized representative of a member

Marcel K Musakaie

Typed or printed name of signee