

L12000105604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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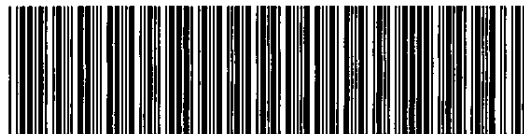
(Business Entity Name)

(Document Number)

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FILED
2015 OCT 22 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 23 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAIL NET CENTER COMMUNICATIONS
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:

JAVIER PINO

Name of Person

MAIL NET CENTER COMMUNICATIONS LLC

Firm/Company

8724 SW 72 Street

Address

MIAMI, FL 33173

City/State and Zip Code

JAVLEON@AOL.COM

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

For further information concerning this matter, please call:

JAVIER PINO

Name of Person

at

(786)

Area Code

626 7309

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

FILED

2015 OCT 22 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAIL NET CENTER COMMUNICATIONS 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 8/15/2012 and assigned
Florida document number L12000 105 604

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 contain 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)

8724 SW 72 Street
MIAMI, FL 33173

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8724 SW 72 Street
MIAMI FL 33173

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:

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Betty Pino	1409 GRANADA BLVD	<input type="checkbox"/> Add
		CORAL GABLES	<input checked="" type="checkbox"/> Remove
		FLA 33134	<input type="checkbox"/> Change
AMBR	CHARY PINO	5060 SW 154 PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33185	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JANIER PINO JR.	5060 SW 154 PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33185	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSEPH PINO	5060 SW 154 PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33185	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

311/11/307
TALLAHASSEE

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2015 OCT 22 AM 10:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/19/2015, _____

Signature of a member or authorized representative of a member

JAVIER P. W.

Typed or printed name of signee