## 113000012259

(Re	equestor's Name)	
(Ac	ldress)	
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: M	& S Glob	al, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard	Name of Person	
		+ Hesser McG	
	328 NE	15+ Avenue,	Suite 100
	Ocal	Chy/State and Zip Code	
	E-mail address: (	elli @ Schatt Acssato be used for future annual report notil	Cou ication)
For further information of	concerning this matter, please ca	all:	到 馬丁
Richard Name o	Mutarelli, Tr.	at ( <u>35Z</u> ) <u>789 –</u> Area Code Daytime	GSZO Telephone Number
Enclosed is a check for t	he following amount:		, <del>-</del>
S25.00 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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

M & S (Name of the Limited Liability (A Florida	Global	LLC	
( <u>Name of the Limited Liabili</u> (A Florid:	ity Company as it a Limited Liability	now appears on our recor Company)	rd <u>s.</u> )
The Articles of Organization for this Limited Liability Colorida document number <u>L(3000074289</u>		eled on 5/16/2	e o 13 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability co	mpany here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Comp	pany," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	RESS)		····-
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or regis egistered agent and/or the new registered office add		idress on our record	ds, enter the name of the new
Name of New Registered Agent:	Richard	Mutarelli, J	Σι
New Registered Office Address: 3	Z8 NE	15+ AJENUC Enter Florida street addre	50. 50.14 100
	Ocal	, F	Florida 34470 Zip Code
New Registered Agent's Signature, if changing Registere	d 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	Steve Rudnianyn	46 SW 15+ Avenue	M Add
	1	Gcala, FL 34471	Remove
			Change
			Remove
		<del></del>	Change
			🗆 Add
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date: If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.	(optional) ays after filing.) Pursuant to 605.0207
record specifies a delayed effective date, but not an effective time, at $12$ The $90$ th day after the record is filed.	2:01 a.m. on the earlier of
ned August 7 . 2017.	
R.	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00