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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MOYSO MONOSCHOOTH 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:
MYK Almadeff Name of Person
The Almacett Law Grup, P.L.
3050 Biscoyne Blva. PH 1
Miaml, Flaido 33137 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 618. 9703 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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

marson Management, LLC		<u> </u>
(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	and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here: May 1500 Development LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the	e abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	NACC.	
Name of New Registered Agent:	inche di Pari	. a Makingan
New Registered Office Address:	355	7
Enter Florida street address . Florida		
City , riorida _	Zip Co	
New Desistand Agent's Signature if shanging Desistand Agent.	E	r.

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			🗆 Remove
			
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amending any other information, enter change(s) here: (Attach add	ditional sheets, if necessary.)
	-
	·
ffective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	not be more than 90 days after
Dated 5/19/ , 7014	, /
Signature of a member or authorized representa	ntive of a member

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Filing Fee: \$25.00

14 MAY 16 RM 9: 39
SECRETAL ANALYSEE, FLORIDA