

L1400002057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

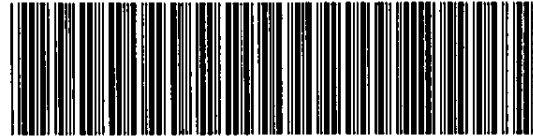
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/25/14--01008--012 **25.00

FILED
2014 FEB 25 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR - 3 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MAS IMMIGRATION SERVICES 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:

MICHAEL ANTON

Name of Person

ASERE CHARTER SERVICES INC

Firm/Company

4115 W WATERS AVE

Address

TAMPA, FL 33614

City/State and Zip Code

info@caribemas.com

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

For further information concerning this matter, please call:

Michael Anton

Name of Person

813 385-2707

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

MAS IMMIGRATION SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2014 FEB 25 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/06/2014 and assigned
Florida document number L14000002057

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)

4115 W WATERS AVE

TAMPA, FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

MICHAEL ANTON

New Registered Office Address:

4115 W WATERS AVE

Enter Florida street address

TAMPA

City

Florida 33614

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 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 = Manager

AMBR = Authorized Member

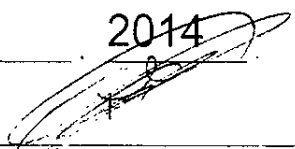
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ENRIQUE RODRIGUEZ	4115 W WATERS AVE	<input type="checkbox"/> Add
		TAMPA, FL 33614	<input checked="" type="checkbox"/> Remove
MGR	MICHAEL ANTON	4115 W WATERS AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

E. Effective 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 cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **JANUARY 10TH** **2014**



Signature of a member or authorized representative of a member

ENRIQUE RODRIGUEZ

Typed or printed name of signee

Tampa, February 15, 2014

To whom it may concern,

I have filed an amendment to filing L14000002057 (MAS IMMIGRATION SERVICES LLC).

That filing was missing a payment in the original correspondence.

I have contacted the Division over telephone and I was assured that I should get the correspondence returned, so that I could re-submit the original copy with corresponding payment back to the Division for proper filing. I was also told that I could even get that filing done with the original intended date.

I have not received response from the Division, nor have I received no returned documents and I am writing to you, hoping that the copy from the original that I am submitting enclosed in this envelope and the corresponding payment can be processed with the speed that this process is due at this time.

If you have any questions you can contact me.

Telephone: (813)385-2707

Regards,

Enrique Rodriguez.