

L14 0000 37826

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 14 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTIS 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:

John C Downs CPA
Name of Person

Same
Firm/Company

1881 N University Dr # 107
Address

Coral Springs FL 33071
City/State and Zip Code

John e Johndowns CPA. GM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Downs CPA at (954) 575 3101
Name of Person 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**

MTIS 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 03/05/2014 and assigned Florida document number L14000037826.

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)

1581 SW 22 Way
Deerfield Beach FL 33442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1581 SW 22 Way
Deerfield Beach FL 33442

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:

Milena R. Walters

New Registered Office Address:

1581 SW 22 Way
Enter Florida street address

Deerfield Beach, Florida
City

33442
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.

X Milena R. Walters

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	Walters, GARRET G	8717 NW 28 Dr	<input type="checkbox"/> Add
		Coral Springs FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Regazzi, MELINA	8717 NW 28 Dr	<input type="checkbox"/> Add
	(married NAME)	Coral Springs FL 33071	<input checked="" type="checkbox"/> Remove
	↓		<input type="checkbox"/> Change
MGR	Walters, MELINA R.	1581 SW 22 Way	<input checked="" type="checkbox"/> Add
		Deerfield Beach FL	<input type="checkbox"/> Remove
		33442	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 JUL 13 AM
SECRETARY OF
TALANASSIST

15 JUL 13 AM 8:00
SECRETARY OF STATE
TALGAMASSI, FLORENCE

(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:

Dated July 1, 2015.

Milena R. Walters

Signature of a member or authorized representative of a member

Milena R Walters

Typed or printed name of signee