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D. SCOTT DEC 9 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MBI SELVICES LLC.  Name of Limited Liability Company
SUBJECT: MBT SEMICES 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:  TORGE LAS HERMANDEZ VILLAZONI  Name of Person  Firm/Company  2701 OAK NOHT COURT  Address  WESTON F1 33332  City/State and Zip Code  boli , 6332 @ quecil . Com  E-mail address: (to be used for follow annual report notification)  For further information concerning this matter, please call:  JIMI SENOJAL WYSS at (780 ) Z 45 - 1067  Name of Person  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  Established Fee Status Certified Copy (additional copy is crelipped) W Certified Copy (codditional copy is creloped)
Please return all correspondence concerning this matter to the following:
JoeGe Lis HERNAMDEZ Villazoni Name of Person
Firm/Company
7701 DAK NONT COURT
City/State and Zip Code  boli, 6332 @ g weil. Com  E-mail address: (to be used for future annual report notification)
Division of Corporations  CT: MBI SENCES LLC.  Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  Seturn all correspondence concerning this matter to the following:  TORGE LAS HERMANDEZ VILLAZONI  Name of Person  Firm/Company  2701 OAK NONT COURT  Address  WESTON FI. 33332  City/State and Zip Code  Boli, 6332 C g well. Com  E-mail address: (to be used for future annual report notification)  set information concerning this matter, please call:  Area Code Daytine Telephone Number  Name of Person Area Code  Status Certificate of Status  Certificate Copy  (additional copy is enclosed)  (additional copy is enclosed)  (additional copy is enclosed)
Enclosed is a check for the following amount:
(additional copy is enclosed) Certified Copy

**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

MBI SERVICES	
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing Articles of Organization for this Liability Comparing Articles of Organization for the Organization for t	
This amendment is submitted to amend the following:	ST S
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2701 OAKNONT COURT
(Principal office address MUST BE A STREET ADDRESS	Wester, Fl. 33332
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Z701 OAKNONT COURT WESTON Fl. 3333Z
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	office address on our records, enter the name of the new
Name of New Registered Agent: 50 e G	re Lis HERNANDEZ VILLAZÓN
New Registered Office Address: 27-01	ONK NONT COURT  Enter Florida street address
West	<del></del>
	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.

f Changing Registered Agent, Signature of New Registered Agent

Page Y of 3

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>	Type of Action
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	ed_	DECEMBER 05, 2016.
		# !!
Signature of a member or authorized representative of a member		<u></u>
		Signature of a member or authorized representative of a member
		JUAN TERMONDS SAMDUAL WYSS Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00