# U4000088878

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

MCS 137th & 6th, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Carolina Battafarano

Name of Person

Firm/Company

2801 SW 31st Ave, Suite 2B

Address

Coconut Grove, FL 33133

City/State and Zip Code

Carolina@rivergatere.com

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

For further information concerning this matter, please call:

# Carolina Battafarano

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ S60.00 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

(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 D6/03/2014 and assigned Florida document number L14000088878
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 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)
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, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
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.

AC WORLE' EBESTIALIDAT BEOMBLY CONSTRUCTOR

45 中心 81 的广 71

MCSS 137th & 6th, LLC

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

EIFER

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 Title Name **Address Type of Action** Jay Massirman 2801 SW 31st Ave MGR **■** Add Suite 2B □ Remove Coconut Grove, FL 33133 2801 SW 31st Ave Stephen Garchik **MGR** ■ Add Suite 2B ☐ Remove Coconut Grove, FL 33133 □ Add ☐ Remove \_□ Add ☐ Remove □ Add □ Remove □ Add \_□ Remove 11-

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he date this document is filed by the Florida Dep lated June 17th	or to date of receipt or filed date and cannot be more than 90 days after partment of State)

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Filing Fee: \$25.00