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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nan	ne)		
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SECRETARY OF STATE

NIVERSEE FLORIDA

NOV 1 7 2015 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Information 50 // Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael Sh	Name of Person Firm/Company	
	MAS Informe	Firm/Company	c
	3235 Cordo	Sa Reach Blud, Address	SECT TALL
	Cafz, FC	City/State and Zip Code	MOV 16 PI AHASSEE.
	MShaffer 6 E-mail address: (Don't Huli Con to be used for future annual report not	PH 5: 24
For further information	concerning this matter, please ca	all:	DX 24
Michael Name	Sha Ha	at (<u>757</u>) <u>620</u> Area Code Daytin	6277 ne 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	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip Code
	Lutz		, Florida 33559
New Registered Office Address:	3233 Cottoba	Enter Florida street ad	dress
	3235 Cordoba	Ranch Blvd	
Name of New Registered Agent:	Michael Shaffe	er	
gistered agent and/or the new registered of	nce address her	<u>e</u> :	
If amending the registered agent and/			ords, enter the name of the
			95, 4°
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		Lutz, FL 33559	FG P
			131
		3235 Cordoba Ranch Blvd.	TE LE
		 	一经更工
incipal office address MUST BE A STREET ADDRESS)		Lutz, 1 L 33337	7 S. C.
nter new principal offices address, if applicable:		Lutz, FL 33559	·
-		3235 Cordoba Ranch Blvd.	
e new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Trainending name, enter the new name of	the mined hab	mty company nerc.	
. If amending name, enter the new name of	the limited lish	ility company here:	
nis amendment is submitted to amend the follo	wing:		
orida document number L14000130496	·		
ne Articles of Organization for this Limited Li	ability Company	were filed on 6/20/2014	and assigned
		8/20/201 <i>4</i>	
(Name of the Limit	<mark>ed Liability Compa</mark> (A Florida Limited I	ny as it now appears on our rec Liability Company)	ords.
MAS Information Solutions, LLC			

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
~		<u> </u>	Add
		<u> </u>	☐ Remove
			☐ Change
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			Change.

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Filing Fee: \$25.00