

L14000140014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

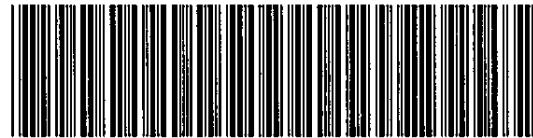
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/29/14--01039--001 **60.00

STATE TARIFFS PAID
FALL ASSESSMENT

2014 SEP 29 AM 11:14

FILED

OCT 03 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MS Software Solutions Experts 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:

Rose Litwin

Name of Person

Muzzicato Holdings Group LLC

Firm/Company

49 N Federal Hwy # 127

Address

Pompano Beach FL 33062

City/State and Zip Code

muzzicatoholdings@yahoo.com

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

For further information concerning this matter, please call:

Rose Litwin

Name of Person

at 561 789-1750

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

FILED
TALLAHASSEE, FLORIDA
SEP 29 2014
MAR 29 8 30 AM

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MS Software Solutions Experts 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 9/18/14 and assigned
Florida document number L14000146646.

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)

49 N Federal Hwy # 127

Pompano Beach FL 33062

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:

Muzzicato Holdings Group LLC

New Registered Office Address:

49 N Federal Hwy # 127

Enter Florida street address

Pompano Beach

City

, Florida 33062

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>
AMBR	Muzzicato Holdings Group LLC	49 N Federal Hwy # 127	<input checked="" type="checkbox"/> Add
		Pompano Beach Fl 33062	<input type="checkbox"/> Remove
MGR	Rose A Litwin	23489 Barlake Dr	<input type="checkbox"/> Add
		Boca Raton Fl 33343	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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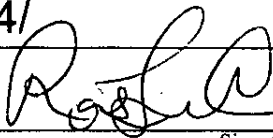
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TALLAHASSEE FLORIDA
CLERK OF DISTRICT COURT
JANET L. BOYKIN, CLERK

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 9/24/ 2014



Signature of a member or authorized representative of a member

Rose Litwin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 SEP 29 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA