

# U400170264

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000208664 3)))



H150002086643ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MPR PROPERTY MAINTENANCE & CONSULTING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

15 AUG 28 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 AUG 28 PM 3:39

FILED

AUG 31 2015

S. YOUNG

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

MPR PROPERTY MAINTENANCE & CONSULTING 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 NOVEMBER 3, 2014 and assigned  
Florida document number L14000170264.

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)

7880 NW 57 STREET

DORAL, FLORIDA 33166

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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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>
AMBR	RAFAEL BOGGIO	6995 NW 82 AVENUE, # 33	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JULIO E. GOMEZ RIVERO	11034 NW 87 STREET	<input checked="" type="checkbox"/> Add
		DORAL, FLORIDA 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VICTOR M. GOMEZ RIVERO	2675 NW 100 AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33172	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15  
AUG 28 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 AUG 28 PM 3:33  
OFFICE OF THE ATTORNEY GENERAL  
STATE OF MASSACHUSETTS

FILED  
AUG 28 PM 3:39  
15  
U.S. DEPT. OF JUSTICE  
FBI - TAMPA

(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)

(b) The 90th day after the record is filed.

AUGUST 25, 2015  
 Signature of a member or authorized representative of a member  
 RAFAEL BOGGIO / JULIO E. GOMEZ RIVERO / VICTOR M. GOMEZ RIVERO  
 Typed or printed name of signee

**Filing Fee: \$25.00**