# 15000151467

(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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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	3 / 1 / NUST / Name of Lim	ON 13 //C ited Liability Company	
Γhe enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	- Hane	Mesaual Name of Person	<del></del>
	MSt	Investments 1	1/
	63 EM	Won DR Na Address	<u>ノ</u>
	Palr	n Bay P/3	287
	MeLo H-mail address: (	City/State and Zip Code  2003 O MQ/ to be used for future annual report notif	1. com
For further information c	oncerning this matter, please ca	all:	
Plane	. Thebaud	at (954) 809 -	<i>539</i> 7
Name o	f Person		· Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

## ARTICLES OF ORGANIZATION ... OF

MST Investments LC 2015 JUL-5 PM 4:28			
(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 9/03/15 and assign an			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
he 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)			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
, Florida			
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

#### or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
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(If an effective danse)  Note: If the contents	re, if other than the date of filing ate is listed, the date must be specific and date inserted in this block does not marketive date on the Department of St	cannot be prior to date of fili eet the applicable statutor	ng or more than 90 days after filing	g.) Pursuant to 605.
	pecifies a delayed effective da day after the record is filed.	ate, but not an effec	tive time, at 12:01 a.m.	on the earlie
Dated	7/2/19	· · · · · ·		
<u>~</u>	Yave Signature of a M	hember of authorited represe	entative of a member	
	Yarie S. The	Typed or printed haine of si	pnec	

Page 3 of 3

Filing Fee: \$25.00