

L15000153249

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 28 PM 12:26

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K. SALY
EXAMINER
DEC 30 2015

COVER LETTER

copy

**TO: Registration Section
Division of Corporations**

SUBJECT: MASA'S OF FLORIDA 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:

SANDRA M PEREIRA

Name of Person

MASA'S OF FLORIDA LLC

Firm/Company

1300 13 TH STREET STE A

Address

KISSIMMEE FLORIDA 34746

City/State and Zip Code

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

For further information concerning this matter, please call:

SANDRA M AGUIRRE

646 5262643
at ()

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)

☐ \$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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2015 DEC 28 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MASA'S OF FLORIDA 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 09/03/2015 and assigned Florida document number L15000153249.

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)

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: OSCAR S AGUIRRE

New Registered Office Address: 4048 MARINA ISLE DR

Enter Florida street address

KISSIMMEE, Florida 34746

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.


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>
MGR	SANDRA PEREIRA M	4048 MARINA ISLE DR	<input type="checkbox"/> Add
		KISSIMMEE FLORIDA 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OSCAR S AGUIRRE	4048 MARINA ISLE DR	<input checked="" type="checkbox"/> Add
		KISSIMMEE FLORIDA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
SOPHIA S. JONES, CLERK

2015 DEC 20
STATEMENT OF FINANCIAL
INFORMATION
FURNISHED TO THE
FEDERAL BUREAU OF INVESTIGATION
BY THE
UNITED STATES DEPARTMENT OF JUSTICE
ON 12/20/2015

FILED
2013 DEC 28 PM 12:26
CLERK OF COURT
TALLAHASSEE, FLORIDA

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

CEMBER 22

Typed or printed name of signee