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_ (R	requestor's Name)	
(A	ddress)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	





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TO:	Registration Secti Division of Corpo		~~	. •	٠.		
SUBJE	CCT: MTS Comme	ercial Services LLC					
20292	MILE COMM	Name of Limit	ed Liability Company				
		nendment and fee(s) are submence concerning this matter to	•				
			Name of Person				
		MTC Commonsion	Comices LLC				
		MTS Commercial	Firm/Company		1		
		ACOO NING CIR CA. II			ALL	2018	-
		4609 NW 6 th St, I	Address		- - 255 - - 255 - 255	SEP	waterway
		Calaranilla El 20	200		SEL	٩	
		Gainesville, FL 32	City/State and Zip Code		11 (a) 11 (a)	U	$\ddot{\Box}$
		5 11 11			ORIE		
1 5 6			be used for future annual report n	otification)	7	σ	
For Iur	ther information con-	cerning this matter, please cal	I:				
Ja.	nes Torox		at (<u>352) 553</u>	3719			
	Name of P	erson	Area Code Day	time Telephone	e Number		
[X]	ed is a check for the .00 Filing Fee	following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(60.00 Filin Certificate Certified Co (additional cop	of Stat	tus &
	Registrati	G ADDRESS: on Section of Corporations 6327	STREET/COU Registration Sec Division of Cor Clifton Building	ction porations	RESS:		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTS Commercial Services LLC		<u>.</u>
(<u>Name of the Limited Liab records</u>	oility Company as it now appears on our s.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 10/30/2015	and assigned
Florida document number L15000184327	<u> </u>	
This amendment is submitted to amend the following	g;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 AD	ODRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		1
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B. If amending the registered agent and/or registe registered agent and/or the new registered office a		
	ČS Frii Fri	9
Name of New Registered Agent:	77	
New Registered Office Address:	ONE	
	Enter Florida street addressi	6
	, 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 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>	Address	Type of Action
			Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			Compose Remove
			Remove Change
			Add
			Remove
			Change
			Remove
			Change

ownership s	shares have	e been giver	n to Ruben	Ramos,	3109 NW 3	39 th Ave	.,, Gaine	esville,	, FL 326	506.
This change	e was effec	tive Augus	t 22, 2016.	James a	nd Roberta	Torok	no longe	er have	any	
affiliation v	vith MTS (Commercia	Services	LLC or its	' business	dealing	s.			
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Sective date, if on the order of the date in section of the date insection of the date in	sted, the date m serted in this	iust be specific a block does no	and cannot be pot meet the ap	rior to date of oplicable sta	filing or more			ng.) Purs		
record specif The 90th day				it not an	effective t	ime, at	12:01 a	a.m. or	n the ea	arlie
ated September	1	1	$\frac{2016}{6}$	·						

Page 3 of 3

Filing Fee: \$25.00

Date: September 29, 2016

From: Ruben Ramos

5109 NW 39th Avenue, Gainesville, FL 32606

To: Supervisor of LLC amendments, State of Florida

Michelle Milligan

PO Box 6327 Tallahassee, Florida 32314

Statement of Fact:

Ruben Ramos hereby submit this statement of fact stating that my name and address was added to amendment dated 9/19/16, Section D, page 3 of 3, without my knowledge or consent.

In my opinion the person or persons that added my name in section D without my knowledge or consent and filed this amendment dated 9/19/16 have by so doing committed fraud.

Furthermore, I did not at any time consent or agreed to receive 49% ownership shares, or any shares from MTS Commercial Services LL or from James Torok and Roberta Torok.

I hereby request that this statement of fact be filed as part of the public record for MTS Commercial Services LLC, Florida document number L15000184327.

Ruben Ramos

Dated:

JACLYN REBSTOCK
MY COMMISSION # EE 829041
EXPIRES: October 7, 2016
Bonded Thru Notary Public Underwriters

Attachment to Amendment filed 4/19/16 # L15000184327

Notary -State of Florida, County of Alachua