# L16000059140

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer.	·

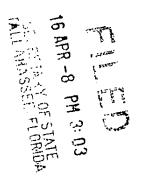
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## Amend



APR 13 2016 N. CAUSSEAUX

### **COVER LETTER**

DIVIS	non or Corp.	or actons		
SUBJECT:	MOLD CHE	CK SERVICES LLC		
SUBJECT: _		Name of Limit	ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return a	all correspond	dence concerning this matter to	o the following:	
		MAYERLY GONZALEZ-V	VAQUEZ	
			Name of Person	
		MOLD CHECK SERVICES	s	
			Firm/Company	·
		6705 NW 169TH STREET	APT. C-208	
			Address	
		MIAMI FLORIDA 33015		
			City/State and Zip Code	
		mayerlygonzalez2010@hotm	nail.com  be used for future annual report notifi	ontion)
			•	cation)
For further int	ormation cor	ncerning this matter, please cal	ll:	
MAYERLY GONZALEZ-VAZQUEZ 754				
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fil	ling 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:** 

TO:

Registration Section

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

( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
Florida document number L16000059140		西岛 圣
		70, 0
This amendment is submitted to amend the following:		25 S
A. If amending name, enter the new name of the limited	d liability company here:	,
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Indiang undiess may be a rost of the box		
	<del></del>	
D. If amanding the registered agent and/ou registered		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ecords, enter the name of the new
registered agent and or the new registered office address	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		. Florida
<del></del>	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

ff 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
MGR	MAYERLY GONZALEZ-VAZQI	6705 NW 169TH ST. APT C-208 N	Add
			Remove
			Change
	MARYDENNIS MAVAREZ	6705 NW 169TH ST. APT C-208 N	Add
			Remove
			☐ Change
			Remove Ghange
			ART OR PARTONE
			Change
			□ Add
			Remove
			Change
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			Remove
			☐ Change

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ffective date, if an effective date is	other than the da listed, the date must be	nte of filing: e specific and cannot be	prior to date of f	iling or more than 9	<b> (options</b> 0 days after fili	i <b>l)</b> ng.) Pursuant to 605.	.0207
lote: If the date in	nserted in this block	k does not meet the a artment of State's rec	pplicable statut				
ocument s'enecu	ve date on the Depa	infinent of State's rec	orus.				
e record speci	fies a delayed e	ffective date, bu	t not an effe	ective time, at	: 12:01 a.n	n. on the earlie	er of
The 90th day	after the record	d is filed.					
03/31/2016							
Pated			· ·	<i>;</i>			
		X (		/			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

## **Certified Copy**

I certify the attached is a true and correct copy of the Articles of Organization of MOLD CHECK SERVICES LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on March 23, 2016 effective March 21, 2016, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L16000059140.

Authentication Code: 160328083140-700283711137#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty Eighth day of March, 2016