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#### COVER LETTER

#### TO: Registration Section Division of Corporations

Division of Corporatio

MSPB LLC SUBJECT:

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Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul A. Krasker, Esq.

Name of Person	
The Law Office of Paul A. Krasker, P.A.	
Firm/Company	
1615 Forum Place 5th Floor	
Address	
West Palm Beach, FL 33401	
City/State and Zip Code	
krasker@kraskeriaw.com	$\sim$

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 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

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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### HISCOULDESCO 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(FAX)

#### MSPB 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 <u>NOVEMBER 29, 2016</u> and assigned Florida document number <u>L16000099819</u>.

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 "LLC."

Enter new principal offices address, if applicable:	125 WORTH AVENUE	- 2
(Principal office address MUST BE A STREET ADDRESS)	SUITE 112	910
TTERME Office warres med t DD (LEALINE (MARCED)	PALM BEACH, FL 33480	in in
Enter new mailing address, if applicable:	125 WORTH AVENUE	F11-10
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 112	
Indune und offit bent obx of the sold	PALM BEACH, FL 33480	

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:	The Law Office of Paul A. Kras	ker, P.A.	
New Registered Office Address:	1615 Forum Place, 5th Floor		
New Construct Only Address	Enter Florida street address		
	West Palm Beach	, Florida <sup>33401</sup>	
	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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

### 5

MGR = M AMBR = A	lanager Authorized Member		
Title	Name	Address	Type of Action
AREP	FRANCES W. FRISBIE	125 Worth Avenue, Suite 112	🗋 Add
		Palm Beach, FL 33480	Remove
			Change
·			<b>D A</b> dd
			Remove
			Adds
			🗖 Add
			C Remove
			Change
			D Add
			Remove
			Change
		<u></u>	Add

C Remove

\_ Change

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D. If amending any other information, enter change(s) hcre: (Attach additional sheets, if necessary.)

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 	APPTROVED
	APPROVED
, <u> </u>	<u> </u>

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.

Dated May 24 or authorized representative of a member Signame a member Four lyped or printed name of signee

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Filing Fee: \$25.00

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