

# L16000163205

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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MAIL

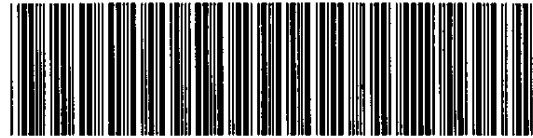
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SEP 16 2016  
16 SEP 16 PM 2:14  
STATE  
TALLAHASSEE, FLORIDA

SEP 19 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MS TECH SERVICES, 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:

JOANNA SALAZAR

Name of Person

MS TECH SERVICES, LLC

Firm/Company

2201 S. CONGRESS AVE, APT 1013

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

KG TAXCONSULTING@HOTMAIL.COM

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

For further information concerning this matter, please call:

JOANNA SALAZAR at ( 772 ) 708-6320  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

MS TECH SERVICES, 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 08/29/2016 and assigned  
Florida document number L16000163205.

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:

2201 S. CONGRESS AVE., APT 1013

**(Principal office address MUST BE A STREET ADDRESS)**

BOYNTON BEACH, FL 33426

Enter new mailing address, if applicable:

2201 S. CONGRESS AVE., APT 1013

**(Mailing address MAY BE A POST OFFICE BOX)**

BOYNTON BEACH, FL 33426

**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:

JOANNA SALAZAR

New Registered Office Address:

2201 S. CONGRESS AVE., APT 1013

*Enter Florida street address*

BOYNTON BEACH

*City*

, Florida

33426

*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	DAVID CLAUSS	5370 ADAMS RD	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOANNA SALAZAR	2201 S. CONGRESS AVE.	<input checked="" type="checkbox"/> Add
		APT 1013	<input type="checkbox"/> Remove
		BOYNTON BEACH, FL 33426	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Stamp: 11 SEP 2011 14:21:11  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DEPARTMENT OF  
TRANSPORTATION  
FACILITY

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 13TH, 2016

15 SEP 15 PM 2:14  
RECEIVED  
ALABAMA DEPT OF CORRECTIONS