## 117000092089

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PICK-UP	☐ WAIT	MAIL
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SECONDIAR OF STATE

S. PRATHED

## **COVER LETTER**

Div	ision of Corp	porations					
SUBJECT:	MCS PROF						
30bJCC1.		Name of Limited Liability Company					
The enclosed	l Articles of a	Amendment and fee(s) are subn	nitted for filing.				
			-				
ricase return	i ali correspoi	ndence concerning this matter t	o the following.				
		FRANCISCO ANDINO					
			Name of Person				
		NEXGEN ACCOUNTANT	TS LLC				
			Firm/Company				
3505 SOUTHSIDE BLVD SUITE 7							
			Address				
		JACKSONVILLE, FL 322	16				
			City/State and Zip Code				
		INFO@NGA1040.COM					
		E-mail address: (to	o be used for future annual report notific	ration)			
For further in	nformation co	oncerning this matter, please ca	11:				
FRANCISC	O ANDINO		904 619-2675				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Fuclosed is a	a check for th	e following amount:					
		•	E essagnii n	<b>5</b> 040 00 000			
■ \$25.00 F	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:

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

MCS PROFESSIONAL SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number \_\_\_\_1.17000092089 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." 3112 PONCE DE LEON AVE Enter new principal offices address, if applicable: JACKSONVILLE, FL 32217 (Principal office address MUST\_BE A STREET ADDRESS) 3112 PONCE DE LEON AVE Enter new mailing address, if applicable: JACKSONVILLE, FL 32217 (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: New Registered Office Address: Enter Florida street address

## 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>	Type of Action
AMBR	MENENDEZ, LEONARDO	7947 CHERRY BLOSSOM DR S	□ Add
		JACKSONVILLE, FL 32216	<del></del>
			Remove
			Change
AMBR	COLINA AGUILA, SADY	3112 PONCE DE LEON AVE	
		JACKSONVILLE, FL 32217	□ Remove
			A Remove
	ROJA MEDEROS, LUIS R	3112 PONCE DE LEON AVE	Change
AMBR	NOW MEDEROS, LOIS R	THE FONCE DE LEON AVE	Add
		JACKSONVILLE. FL 32217	Remove
			Change
			□ Add
		-	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change

Signature of a member of a member OCI ACC OCINA AGUILA, SADY  COLINA AGUILA, SADY  (2)  (3)  (4)  (5)  (7)  (7)  (8)  (9)  (9)  (1)  (9)  (1)  (1)  (1)  (1	If amending an	v other informa	ntion, enter cl	hange(s) hero	e: (Attach ad	ditional sheet	s, if necess	ary.)		
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Filing Fee: \$25.00