

L17000092089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

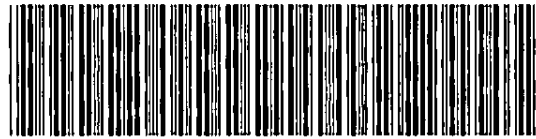
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

NOV - 8

S. PRATHER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MCS PROFESSIONAL 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:

FRANCISCO ANDINO

\_\_\_\_\_  
Name of Person

NEXGEN ACCOUNTANTS LLC

\_\_\_\_\_  
Firm/Company

3505 SOUTHSIDE BLVD SUITE 7

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32216

\_\_\_\_\_  
City/State and Zip Code

INFO@NGA1040.COM

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

For further information concerning this matter, please call:

FRANCISCO ANDINO

904

619-2675

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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  
2661 Executive Center Circle  
Tallahassee, FL 32301

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and assigned  
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CLERK OF STATE  
TALLAHASSEE, FL

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>
AMBR	MENENDEZ, LEONARDO	7947 CHERRY BLOSSOM DR S	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	COLINA AGUILA, SADY	3112 PONCE DE LEON AVE	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32217	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ROJA MEDEROS, LUIS R	3112 PONCE DE LEON AVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32217	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[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 OCTOBER 18, 2018

Typed or printed name of signee

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TALLAHASSEE, FL