L17000 153 366

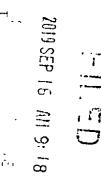
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300334313283

09/18/19--01618--008 **25.00



Y SULKER SEP 2 6 2019

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	MSE VERI	ENA LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		MAGDY YOUSSEF		
		VAST ACCOUNTING &	Name of Person TAX SERVICES	
		4714 WOLFRAM LN	Firm/Company	
		NEW PORT RICHEY, FL	Address 34653	
		YOUSSEF.MAGDY@YAF	City/State and Zip Code HOO.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For further i	information c	oncerning this matter, please co	all:	
MAGDY Y	OUSSEF		347 387 5854	
	Name of	f Person	at (at Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	El \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSE VERENA LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 07/18/2017 and a

The Articles of Organization for this Limited Liability Con	npany were filed on 07/18/2017	and assigned
Florida document number L17000153366		
This amendment is submitted to amend the following:		
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 "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	-71-10-
Enter new mailing address, if applicable:		13 SEB
(Mailing address MAY BE A POST OFFICE BOX)	1.00	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la 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>	Address	Type of Action
AMBR	MENA KAHLIL	2111 PINE RIDGE DRIVE CLEARWATER, FL 33763	⊒ Add
			Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	—· · · · · · · · · · · · · · · · · · ·
-	
_	
(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	9.12.2019
	Signature of a member or authorized representative of a member
	AKRAM ELIA SHINOUDA

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00