L17000153366

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	<u>-</u>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	·
(Do	cument Number)	· <u>-</u> -
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration So Division of Cor		•			
CHOIC	MSE VER	ENA LLC				
SUBJE	.C1:	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		MAGDY YOUSSEF				
			Name of Person			
		VAST ACCOUNTING &	TAX SERVICES			
		<u> </u>	Firm/Company			
		4714 WOLFRAM LN				
			Address			
		NEW PORT RICHEY, FL	34653			
		YOUSSEF.MAGDY@YAI	City/State and Zip Code 100.COM			
		E-mail address: (1	to be used for future annual report notif	ication)		
For furt	her information c	oncerning this matter, please ca	all:		2020 Sec Ta	
MAGD	Y YOUSSEF		347 387 5854		2020 JUL 2 Segretar Talla	المادات . المادات . المادات .
	Name o	f Person		Telephone Number	27	i i i i i i i i i i i i i i i i i i i
Enclose	d is a check for th	ne following amount:			(1) (<i>i</i>) (<i>i</i>) (<i>i</i>)	
□ \$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate o Certified Co (additional cop	of Status & py	

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

COVER LETTER

Division of Co	orporations			
MSE VEI	RENA LLC			
30B3BC1.	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
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		Name of Person		
	VAST ACCOUNTING &	TAX SERVICES		
		Firm/Company		
	4714 WOLFRAM LN			
		Address		
	NEW PORT RICHEY, FL	34653		
	YOUSSEF.MAGDY@YAI	City/State and Zip Code HOO.COM		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
MAGDY YOUSSEF		347 387 5854 at ()		
Name	of Person	Area Code Daytime	Telephone Number	2020 I
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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**

MSE VERENA LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	 -	
The Articles of Organization for this Limited Liability Comp Florida document number L17000153366	pany were filed on 07/18/2017	and assigned	
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 I		abbreviation "L.L.C."	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:	2926 LITTLE RÐ		
(Mailing address MAY BE A POST OFFICE BOX)	TRINITY, FL 34655		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		UL 27 M	re di di
	Enter Florida street address	r 21 @	
	, Florida	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

Zip Code

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	MENA KAHLIL	2111 PINE RIDGE DR. CLEARWATER, FL 33763	□Adđ
			■Remove
			□Change
SIGNOR	RAMZY SALEII	12847 SOLOLA WAY TRINITY, FL 34635	□Add
			■Remove
AMBR	EMAD HANNA	2027 1777 7.70 1777 177	_ DChange
	EMAD HANNA	2926 LITTLE RD TRINITY, FL 34655	≅ Add
			□Remove
			_ Change
			OAdd 2026 July Company
			- E- 21
			CDChange 30 80 CDCAdd CO
			_ □Remove
			_ 🏻 Change
			_ 🖸 Add
			_ □Remove
			_ □Change

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Effective date, if other than the date of filing:			
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Dated $\frac{7}{2}$, $\frac{2}{2}$, $\frac{2}{2}$			
	e record specifies a delayed effective date, but not an effective time, at 12:01 a.mrd is filed.	n. on the earlier of: (b) The 90th day	after the
	Dated 7, 2, 8, 2, 2, 2, 2, 1		
Signature of a member or authorized representative of a member			
	Signature of a member or authorized representation	ve of a member	_
	AKRAM ELIA SHINOUDA		

Filing Fee: \$25.00