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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO:	Registration of					
	MSVC	SERV	CES LLC			
SUBJE	СТ:		Name of Limite	ed Liability Company		
The enc	losed Article	es of Am	nendment and fee(s) are subm	nitted for filing.		
			ence concerning this matter to			
MARSHA S			MARSHA SIHA			
				Name of Person		
			INCFILE.COM LLC			
				Firm/Company		
			17350 STATE HWY 249 S	E HWY 249 SUITE 220		
				Address		
			HOUSTON TX 77064			
•				Code		
			MARSHA@INCFILE.COM	o be used for future a	nhual report potifica	rion)
For fur	ther informa	tion con	cerning this matter, please ca		indus report nonnea	
MARS	SHA SIHA			888	462-3453	
	N	lame of P	erson	at (Area Code	Daytime Te	elephone Number
Enclos	ed is a checl	c for the	following amount:			
\$2:	5.00 Filing F	iee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional copy	ру	□ \$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			ion Section of Corporations 6327	Reg Div Cli 266	REET/COURIER gistration Section vision of Corporati fton Building of Executive Cente llahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iny as it now appears on our records.) Liability Company)		
were filed onand assigne	d	
pility company here:		
ility Company," the designation "LLC" or the abbreviation "L.L.C."		
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Cape Coral, FL 33993	C A	
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ree to act in this capacity. I further agree to comply vere performance of my duties, and I am familiar with as provided for in Chapter 605, F.S. Or, if this docume the address, I hereby confirm that the limited liability	nd	
	ility Company," the designation "LLC" or the abbreviation "LLC." 7 NW 13th Pl Cape Coral, FL 33993 7 NW 13th Pl Cape Coral, FL 33993 office address on our records, enter the name of tre: Enter Florida street address Florida 33993 City Tip Code in this capacity. I further agree to comply the performance of my duties, and I am familiar with an exprovided for in Chapter 605, F.S. Or, if this docume	

Page 1 of 3

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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> 7 NW 13th P1 **AMBR** Norbert Mess **■** Add Cape Coral, FL 33993 □ Remove ☐ Change DbA 🗖 ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add _□ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change

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effective date is listed, the date must be spe e: If the date inserted in this block do ument's effective date on the Departm	es not meet the applic	able statutory filin	ore than 90 days after to green the green	date will not be listed
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Victoria	L Gon	ing		
Signat	ture of a member or auth	onzed representative	of a member	
Victoria Gonring - AMBR				
		ed name of signee		

Filing Fee: \$25.00