

L19000047719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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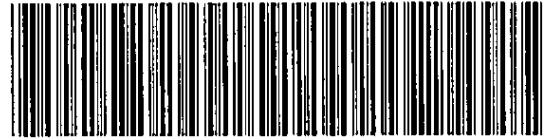
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CUS
Amend

FEB 13 2020

LALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M&S MAINTENANCE 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:

DOERGAMISIER,INDRESEN

Name of Person

M&S MAINTENANCE LLC

Firm/Company

205BRANDY LN.

Address

MERRITT ISLAND, FL 32952

City/State and Zip Code

indresen75@gmail.com

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

For further information concerning this matter, please call:

DOERGAMISIER,INDRESEN

321

5443992

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

M&S MAINTENANCE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/11/2019
Florida document number L19000047719

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 "L.L.C."

Enter new principal offices address, if applicable:

205BRANDY LN. MERRITT ISLAND, FL 32952

(Principal office address MUST BE A STREET ADDRESS) NEW ADDRESS: 195 ISLAND BEACH BLVD
MERRITT ISLAND FL. 32952

Enter new mailing address, if applicable:

205BRANDY LN. MERRITT ISLAND, FL 32952

(Mailing address MAY BE A POST OFFICE BOX)

NEW ADDRESS: 195 ISLAND BEACH BLVD
MERRITT ISLAND FL. 32952

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: MohamedAzad

New Registered Office Address: 205BRANDY LN. MERRITT ISLAND, FL 32952

Enter Florida street address

MERRITT ISLAND, Florida FL 32952
City 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.

Mohamed Azad
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>	<u>Type of Action</u>
MGR	MohamedAzad	205 BRANDY LN. MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Add
		195 Island Beach Blvd. Merritt Island, FL 32952	<input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	DOERGAMISIE, INDRESEN		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		DOERGAMISIER, INDRESEN	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

DOERGAMISIE,INDRESENis missinga R at the end of my last name.DOERGAMISIER,INDRESEN

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

10/11/2019

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/11/2019

Signature of a member of the

Signature of a member or authorized representative of a member

DOERGAMISIER,INDRESEN

Typed or printed name of signee