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COVER LETTER

TO:	Registration Se Division of Cor			
SI)B IE7	MSRI Inves	stments LLC		
SOBJEC			ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subt	nitted for filing.	
		ndence concerning this matter t		
		Mauricio R Flores		
			Name of Person	
		MSRI Investments LLC		
			Firm/Company	<u>.</u>
		14643 Braddock Oak Dr		
			Address	
		Orlando/FL 32837		
			City/State and Zip Code	
		mauriciorflores@gmail.com		
			o be used for future annual report notified	ation)
hor turth	er information c	oncerning this matter, please ca	ill:	
Mauricio	R Flores		321 276-2300	
	Name of	Same of Person Area Code Daytime Telephone Number		
Enclosed	d is a check for th	ne following amount:		
■ \$25.	00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Secti	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

2023 JUN 13 PH 1: 46 MSRI Investments LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on July. 26th 2019 and assigned Florida document number $\frac{1.19000191545}{1.19000191545}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mauricio R Flores, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Silvana El Mazi Flores Name of New Registered Agent: 14643 Braddock Oak Dr. New Registered Office Address: Enter Florida street address Orlando

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 lim<u>ite</u>d liability company has been notified in writing of this change.

Cire

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>	Type of Action
AMBR	Silvana El Mazi Flores	14643 Braddock Oak Dr	🗆 Add
		Orlando, FL, 32837	■Remove
			□Change
			□Add
			Remove
			□Add
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record is filed	•	ed effective date, bu	at not an effectiv	e time, at 12:01 a	a.m. on the earlie	rof: (b) The 90th	i day after the
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[]	une. 7th —		. 2023	<u> </u> .			
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ated		Signature	of a member or a	athorized represen	tative of a member		

Filing Fee: \$25.00