

120000109199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

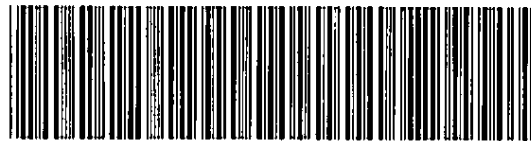
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/23/20--01016--003 \*\*\$2.50

RECEIVED

JUL 16 2020

FILED  
2020 OCT 20 AM 8:17  
CLERK OF SUPERIOR COURT  
ALASKA, JUDGE

OCT 21 2020

S. YOUNG



2020-08-28 11:55

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2020

MIGUEL MARTINEZ  
MARTINEZ & ASSOCIATES P.A.  
8250 NW 25TH STREET UNIT 1  
MIAMI, FL 33122

SUBJECT: MCS STUDIO LLC  
Ref. Number: L20000109199

We have received your document for MCS STUDIO LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young  
Regulatory Specialist II

Letter Number: 920A00016545

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MCS STUDIO 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:

Miguel Martinez

\_\_\_\_\_  
Name of Person

Martinez & Associates P.A.

\_\_\_\_\_  
Firm/Company

8250 Nw 25th St Unit 1

\_\_\_\_\_  
Address

Miami, FL 33122

\_\_\_\_\_  
City/State and Zip Code

miguel@bpatax.com , mcsstudio1@gmail.com

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

For further information concerning this matter, please call:

Miguel Martinez

305 764-2192 - 786-806 9901.  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

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

**Street Address:**

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

FILED  
2020 OCT 20 AM 8:17  
and assigned

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

**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:**

10906 Nw 69th Ter

**(Principal office address MUST BE A STREET ADDRESS)**

Doral, Fl 33178

**Enter new mailing address, if applicable:**

10906 Nw 69th Ter

**(Mailing address MAY BE A POST OFFICE BOX)**

Doral, Fl 33178

**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:**

**New Registered Office Address:**

Enter Florida street address

**, Florida**

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.*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

\_\_\_\_\_  
MORICA MOSCOSO  
Typed or printed name of signee