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Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT. MBS F	ROPERTY CONSTR	rudion. Ilc		
SUBJECT: 1 TO 11	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Name of Person Ty eous Truction of Firm/Company	'le	
		Firm/Company		
	1703 Gibson	TA GALLOWAY RD Address		
	LAKELAN	FL 33810 City/State and Zip Code		
	MBS PONST	TRUCTION LLC Q & MA to be used for future annual report notifica	ion)	
For further information co		·		
Yuniesky J M.	nnERO Person	all: at (<u>963</u>) <u>6/2 - 6 6</u> Area Code Daytime Te	97 to 22	
			150 Nov	- 1-
Enclosed is a check for th	e following amount:		61	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Gopy; tadditional copy is enclosed)	
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Section	on	

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MRS PROPERTY CONSTRUCTION. 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 10/18/2021 Florida document number 42/000 45 1774. 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 "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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	YNIESKY I MARRERO	1703 GIBSONIA GALLOWAY RO LAKELANFL 33810	CAdd
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<u>ote:</u> If the da	, if other than e is listed, the dat ite inserted in the ective date on t	nis block does	not meet the	applicable stat	filing or more the	(option 90 days after uirements, this	onal) filing.) Pursuant to s date will not be	605.0207 listed as
ecord specific	es a delayed eff	ective date, bu	ut not an effec	itive time, at 1	2:01 a.m. on th	e earlier of: (b) The 90th day	after the
ated <u>////</u>	1/2021	Ahr	<u> </u>					
	E Comment							
	wiesky	Signature	e of a member c	or authorized rep	presentative of a	member		_