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2022 MAR 28 AM 7:50 SECRETARY OF STATE

A. BUTLER APR 1 1 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

MCSA LLC Subject:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Gabriel Cadet			
		Name of Person		
	MCSA LLC			
		Firm/Company	······································	
	1120 NE 132nd Street			
		Address		
	Miami, FL 33161			
	GL	City/State and Zip Code		
	gcadet722@gmail.com	MCSALimited @ gynai to be used for future annual report noti	1. com	
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Gabriel Cadet		305 401-3581		
Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:		
Registration 5		Registration Se		
Division of C P.O. Box 632	•	Division of Cor The Centre of T		
Tallahassee,			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MCSA LLC		4022 MAR 28 AM 7: 50
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on outed Liability Company)	SECRETARY OF STATE TALLAHASSEE, Tand assigned
	1721/201	TALLAHASSE STATE
he Articles of Organization for this Limited Liability Comp	pany were filed on 1731/202	and assigned
lorida document number L22000052381		
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 designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered of	fice address on our record	ls, enter the name of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reet address
	Cir.	, Florida Zip Code
	City	гир Соме
New Registered Agent's Signature, if changing Registered Ag	<u>zent:</u>	
I hereby accept the appointment as registered agent and	l agree to act in this capa	city. I further agree to comply wi
provisions of all statutes relative to the proper and comp	plete performance of my c	huties, 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

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>	Address	Type of Action
MGR	Gabriel Cadet	1120 NE 132nd Street, Miami FL 33161	⊟∧dd
			□Remove
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lote:	tive date, if other than the date of filing:
l is fi	d 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 led.
ated	Gabriel Cadet O3 17 2022 Gabriel Cadet
	GUCAL
	Signature of a member or authorized representative of a member