

M16 000004591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

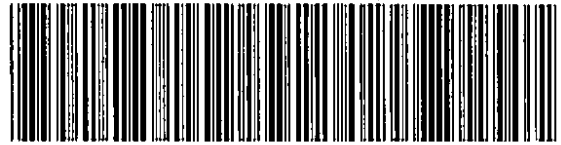
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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20 MAY 11 PM 12:35

JUL 01 2020
C. M. M. M. R.

LARRY M. STEWART, P.A., Attorney at Law

525 SW Camden Avenue, Stuart, FL 34994
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May 7, 2020

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

20 MAY 11 PM 12:36

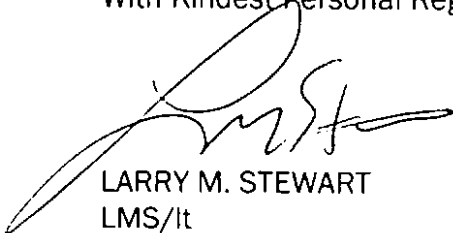
RE: MSTXS, LLC

TO WHOM IT MAY CONCERN:

Enclosed please find enclosed an amendment for MSTXS, LLC. Also enclosed please find our check in the amount of \$30.00 for your filing fee and a certificate of status.

Thank you for your assistance in this matter.

With Kindest Personal Regards,



LARRY M. STEWART
LMS/lt
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSTXS, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sean R. Weaver

Name of Person

MSTXS, LLC

Firm/Company

2061 SE Talbot Place

Address

Stuart, FL 34997

City/State and Zip Code

scan@mstxs.com

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

For further information concerning this matter, please call:

Sean R. Weaver

at (843) 697-5888

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

20 MAY 11 PM 12:36

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: MSTXS, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M16000004591

3. Jurisdiction of its organization: South Carolina

4. Date authorized to do business in Florida: 06/06/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Larry M. Stewart, PA

New Registered Office Address: 525 SW Camden Ave

Enter Florida Street Address

Stuart

Florida

34994

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

New Member

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sean R. Weaver, Trustee of The	2061 SE Talbot Placc. Stuart, FL 34997	<input checked="" type="checkbox"/> Add
	Sean R. Weaver Intervivos Declaration of Trust dtd 1/23/2020		<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Sean R. Weaver

Typed or printed name of signee

Filing Fee: \$25.00