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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MCD West Ments USA 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:
Maria Jose Granados-Godoy Name of Person
Simply Legal Firm/Company
1200 Brill Ave. Stute 850
Mami 1 33/3/ City/State and Zip Code
15 mail address: (to be used fortfuture admual report notification)
For further information concerning this matter, please call:
MWIA JOS WANADOS - UCO DY at (305) 858-6208 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCD Investor	nents (ISA, LL				
(Name of the Limited I	Liability Compan Florida Limited Li	iy as it now appears lability Company)	on our records.)			
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 2 17 14 and assigned lorida document number						
This amendment is submitted to amend the followi	ng:	growth was filed on 12 17 14 and assigned and assigned with the designation "LLC" or the abbreviation "LLC" **DRESS** *				
A. If amending name, <u>enter</u> the new name of th	e limited liabil	lity company he	<u>re</u> :			
The new name must be distinguishable and contain the words	s "Limited Liabili	ty Company," the de	signation "LLC" or	the abbrevia	tion "L.J	L.C."
Enter new principal offices address, if applicable	e:					
(Principal office <u>address MUST BE A STREET A</u>	ADDRESS)			<u> </u>	<u></u>	
			· 		=	n
Enter new mailing address, if applicable:				<u> </u>		(11
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			- E	<u>-z</u>	$\frac{11}{2}$
			our records, <u>e</u>	nter the		L.C."
Name of New Registered Agent:						
New Registered Office Address:		Enter Flor	da street address			
-			, Florid			
		City		Ziţ) 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

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If an effective date	if other than the date is listed, the date must be s	pecific and can	not be prior to d	ate of filing or mo	re than 90 days af	tional) er filing) Pur	izant no 605.02	07
Note: If the date	e inserted in this block d ctive date on the Depart	locs not meet	the applicable	statutory filing	requirements, t	his date was	ot be listed	15
ne record spe The 90th da	cifies a delayed effort by after the record i	ective date is filed.	e, but not a	n effective ti	me, at 12:01	a.m. on ti	ne earlier	of:
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Dated	u 28	<u> </u>	2011					
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	Signa	nure of a men	per of authorize	d epresentative o	f a member			

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Filing Fee: \$25.00