## L22000343479

(Requestor's Name)
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000412573790

S. ROBERTS

AUG 0 2 2023

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MDR ELSER LI	LC	
Please Debit FCA	A000000003 For: 25	<u>'</u>
Thank you Seth ?	Veelev	
1	/	
	<del>-</del> -	Art of inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
/		Officer Search
A		Fictitious Search
Signature		Fictitious Owner Search
Signature //		Vehicle Search
	<del></del>	Driving Record
Requested by:		UCC 1 or 3 File
NI	Data	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJEC	MDR ELSE			
300317	C1:		nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Emilio Gutierrez		
			Name of Person	
		FA Corporate Managem	ent LLC	
			Firm/Company	
		2050 Coral Way, Ste 409	5	
			Address	
		Miami, FL 33145		
			City/State and Zip Code	<del></del>
		Legal2@facorporatemg.c		
		E-mail address: (	to be used for future annual report notif	lication)
For furth	er information co	oncerning this matter, please c	all:	
Emilio C	Outierrez		347 7616978 at ()	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed	l is a check for th	e following amount:		
<b>= \$</b> 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 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

MDR ELSER LLC				
( <u>Name of the Limit</u>	ed Liability Comps (A Florida Limited)	inv as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 08/04/	2022	and assigned
Florida document number L22000343479	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		:
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desig	nation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		7724 Martino Circl	e, Naples, FL 34112	! !
Principal office address MUST BE A STREET ADDRESS)				2077
				1 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7724 Martino Circl	e, Naples, FL 34112	
				<u>:</u>
		<del></del>		·· !
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	fice address her		ir records, <u>enter t</u> l	he name of the
<del></del>	2050 Coral W	av Ste 405		<del>-</del>
New Registered Office Address:	2000 00181 446	Enter Florida .	street address	<u> </u>
	Miami		, Florida <u>33</u> 14	<b>1</b> 5
		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.

Claudia S. Muñoz

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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
<del></del>			□ Add
		<del></del>	□ Remove
		<del></del>	Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change

	Remove
<del></del>	Change
 	O Add
	Remove
	Change
 	□ Add
	🗆 Remove
	Change
 	Add
	Remove
	Change
 	Add
	_□ Remove
	_□ Change

document's effective date	on the Department of S	tate's records.	aratory ming requi	rements, this date will f	iot og fisted as
E. Effective date, if other (If an effective date is listed, the Note: If the date inserted	ne date must be specific and	cannot be prior to date	of filing or more than	(optional) 190 days after filing.) Purs	uant to 605.020°
<del></del> -					
·					<del></del>
	<u>.</u>				
					<del></del>
<del></del>					
<del></del> -	<u></u>				
			<del></del>		
					<del></del>
		- <del></del>			
		<del></del>			

Page 3 of 3

Filing Fee: \$25.00