SIGNATURE: SIGNATURE AND TYPED OR LEBINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

200	I UNIFURM BUSI	NESS REPU	HI (UDI	<u> </u>				
DOCUMENT # L0000013669  1. Entity Name					, a cum;			
MC ENT	ERPRISE, L.L.C.				FILED			
Principal Plan	ce of Business	Moiling Address			01 JAN 29	AM 10: 24		
-2665-S-BAY	•	Mailing Address 2655-8-BAYSHORE-DR-	2655 & BAYSHORE-DR		SECRETARY OF STATE TALEAHASSEE. FLORIDA			
	POVE_EL_33133	COCONUT GROVE FL 33	133					
	Place of Business	3. Mailing Address			1 1 <b>76</b> 11 <b>7</b> 11 <b>7</b> 11 <b>73</b> 111 <b>73</b>	)) <b>(1.11</b> )	122 <b>6 (</b> 1214 122) (122)	
8320 NW 14TH ST Suite, Apt. #, etc.		8320 NW 14TH ST Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
·		City & State			4. FEI Number Applied For			
MIAMI FL 33126  Zip Country		MIAMI FL Zip	Zip Country		5. Certificate of Status Desired 5. Status Desired 5. Certificate of Status Desired 5. Status Desired			1
33126	MIAMI - DADE  6. Name and Address of Current R	33126 egistered Agent	MIAMI-DA	VDE	me and Address of Ne	Fee Requ	ired	
B.110F1	D4140 D	- <del>-</del>	Name				<del></del>	
RANGEL, DAVID B 2655 S BAYSHORE DR			Street Address (i		P.O. Box Number is Not Acceptable)			
#102		•	. [ -					
COCONL	JT GROVE FL 33133		City			FL Zip C	ode	
8. The above	e named entity submits this statement for t	he purpose of changing its	registered office or	registered ager	t, or both, in the State o	Florida.		
SIGNATURE	Signature, typed or printed name of registered agent an	title if applicable (NOT	: Registered Agent signate	ure required when reins	tation	DATE		
	Signature, typed of printed figures of organization agont and					BAIL		1
		Make Check Pa	OW!!! FEE IS \$ yable to Depart					
9.	MANAGING MEMBER	RS/MEMBERS	10.			NS/CHANGES		١.
TITLE NAME		☐ Delete	TITLE NAME	MANAGE RANGEI	DAVID B.	Chang	Addition	١
STREET ADDRESS	;		STREET ADDRESS		. BAYSHORE	DR. #102		2
CITY-ST-ZIP			CITY-ST-ZIP		T GROVE FL	33133		Sec.
TITLE		☐ Delete	TITLE NAME		_	☐ Chang		5
NAME STREET ADDRESS			STREET ADDRESS		60000		69 016	
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NAME	·	iii bolcic	NAME		•	onang	, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		/			
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		• 1.			
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NAME			NAME			_ •		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
11. I hereby	certify that the information supplied with the	nis filing does not qualify for	the exemption stat	ted in Section 11	9.07(3)(i), Florida Statut	es. I further certify that the	e information	
indicated l <del>im</del> ited lia	on this report is true and accurate and the ability company or the receiver or trustee of	at my signature shall have t impowered to execute this r	ine same legal effec report as required b	ct as it made und by Chapter 608, I	der oath; that I am a ma Florida Statutes.	naging member or mana	ger of the	

1-22-2001 Date

305-378-9084

Daytime Phone #