

L02000001118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

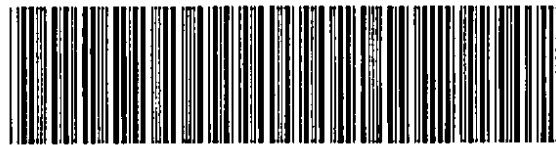
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
MAR 03 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MBR, L.L.C.

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:

Mary Bandes

Name of Person

~~Bandes Associates~~ MBR, LLC

Firm/Company

5248 Enclave Drive

Address

Oldsmar, FL 34677

City/State and Zip Code

mary.bandes@bandesconstruction.com

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

For further information concerning this matter, please call:

Mary Bandes

Name of Person

727 4226500
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MBR, L.L.C.

(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 01/15/2002 and assigned
Florida document number L02000001118.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

5248 Enclave Drive

Oldsmar, FL 34677

B. If amending the registered agent and/or registered office 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:

Mary Bandes

New Registered Office Address:

5248 Enclave Drive

Enter Florida street address

Oldsmar

Florida 34677

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.

Mary Bandes

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Mary Bandes	5248 Enclave Drive	<input checked="" type="checkbox"/> Add
		Oldsmar, FL 34677	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Betty Slavney	705 Richards Ave.	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33755	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Martin A. Slavney	705 Richards Ave.	<input type="checkbox"/> Add
		Clearwater, FL 33755	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Bandes	1368 Spaulding Rd, Suite C	<input type="checkbox"/> Add
		Dunedin, FL 34698-5039	<input type="checkbox"/> Remove
		5248 Enclave Drive, Oldsmar, FL 34677	<input checked="" type="checkbox"/> Change to :
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I am amending the Registered Agents to reflect the persons on the previous page. Martin Slavney passed away on Dec. 7, 2019. He will no longer be the registered agent. His widow; Betty Slavney will be added to the authorized manager list. Mary Bandes will be added as the Registered Agent. Robert Bandes address will change. Please call me to advise if I have filled out this form properly.

2020 FEB - 6 PM 5:15
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL

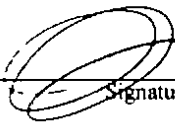
E. Effective date, if other than the date of filing: 1-2-2020 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 3, 2020



Signature of a member or authorized representative of a member

Robert Bandes

Typed or printed name of signee