

LD4000011249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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03/27/12--01003--001 **793.75

04/06/12--01006--004 **25.00

FILED
12 APR -5 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
APR 06 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2012

MICHAEL M. HOLLOWAY
2139-B NE 2ND ST
OCALA, FL 34470

SUBJECT: MADISON DEVELOPMENT GROUP, LLC
Ref. Number: L04000011249

FILED
12 APR -5 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MADISON DEVELOPMENT GROUP, LLC and your check(s) totaling \$793.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 312A00010282

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Madison Development Group, 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:

Michael M. Holloway
Name of Person

Madison Development Group
Firm/Company

2139-B NE 2nd St.
Address

Ocala FL 34470
City/State and Zip Code

MH@LSmedSpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Holloway
Name of Person

at (352) 368-2148

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

FILED
12 APR -5 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Madison Development Group, LLC

(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 9/4/2003 and assigned
Florida document number LO4000011249.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Madison Development Group II, LLC

The new name must be distinguishable and end with 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)

FILED
12 APR -5 AM 11:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Stephen G. Murty, Esq.

New Registered Office Address:

2139 A NE 2nd St.

Enter Florida street address

Ocala

City

Florida

34470

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 608, 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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

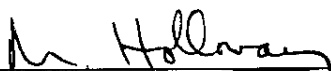
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee