

L04000011752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

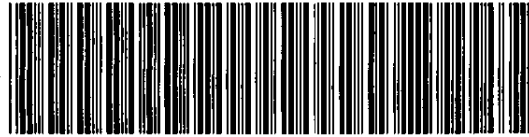
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JUN - 6 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN - 7 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDP LICENSING 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:

ALBERTO COHEN

Name of Person

MDP LICENSING LLC

Firm/Company

5200 BLUE LAGOON #700

Address

MIAMI FL 33126

City/State and Zip Code

info @ cafebondia.com

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

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11 JUN - 6 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALBERTO COHEN

Name of Person

at (305) 447 4023

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2011

ALBERTO COHEN
MDP LICENSING LLC
5200 BLUE LAGOON #700
MIAMI, FL 33126

SUBJECT: MDP LICENSING, LLC
Ref. Number: L04000011752

FILED
11 JUN -6 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MDP LICENSING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2009 through 2011; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 311A00013148

\$ 516.25

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

MDP LICENSING 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 02/12/2004 and assigned
Florida document number W04 0000 11752

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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)

5200 BLUE LAGOON #700
MIAMI
FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5200 BLUE LAGOON #700
MIAMI
FL 33126

N/A 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:

New Registered Office Address:

Enter Florida street address

Florida

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 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.

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

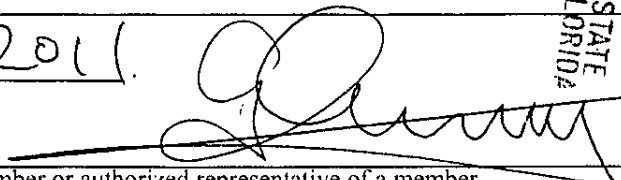
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALCANTARA, JOSEPH M	2100 PONCE DE LEON BLVD SUITE 1020 CORAL GABLES FL 33134	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

CHANGE ADDRESS
 SYDNEY MARQUES DE PAIVA
 5200 BLUE LAGOON # 700
 MIAMI FL 33126

Dated MAY 19, 2011.



Signature of a member or authorized representative of a member

GLEN GAY-BETTON FOR
 SYDNEY MARQUES DE PAIVA

Typed or printed name of signee

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 11 JUN - 6 PM 3:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA