

LO4000069383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

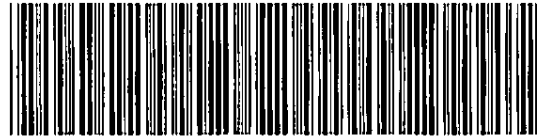
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900314373889

06/11/18--01032--009 ++1591.25

2018 JUN 11 A 7:39

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MADAD 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:

Marc Mirbod  
Name of Person

MADAD Bahamas LLC  
Firm/Company

366 Flagler Ave  
Address

New Smyrna Beach FL 32169  
City/State and Zip Code

MARCMIRBOD@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Mirbod at (310) 709-3868  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input checked="" 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

MADAD 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 09/22/2004 and assigned Florida document number L04000069383

This amendment is submitted to amend the following:

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

MADAD Bahamas LLC

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)**

MADAD Bahamas LLC

366 Flagler Ave

New Smyrna Beach FL 32169

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

MADAD Bahamas LLC

366 Flagler Ave

New Smyrna Beach FL 32169

**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:

MARC Mirbod

New Registered Office Address:

366 Flagler Ave

Enter Florida street address

New Smyrna Beach

City

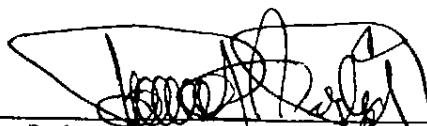
Florida

32169

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.*



**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>
MBR	Ali M. KAS	3000 N Ocean Dr, #35B	<input type="checkbox"/> Add
		Singer Island, FL 33404	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)

Change of Address for Marc Mirbod

Marc Mirbod

4370 La Jolla Village Dr. Suite 650

SAN Diego, CA 92122

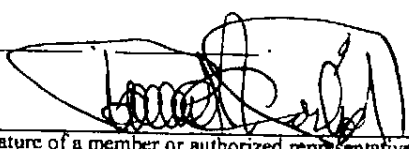
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 05/11/2018

  
Signature of a member or authorized representative of a member

Marc Mirbod  
Typed or printed name of signee