

LOS0000 25470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

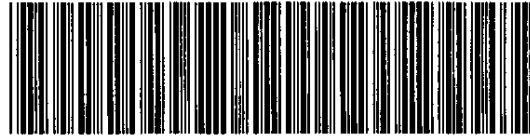
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE COURT OF FLORIDA
TALLAHASSEE, FLORIDA

JUL 1 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.O.D., 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:

WARREN COOPER

Name of Person

Firm/Company

2637 GRACE DRIVE

Address

FORT LAUDERDALE, FL 33316

City/State and Zip Code

JILL@LEFTMARK.COM

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

For further information concerning this matter, please call:

WARREN COOPER

954 734-3309
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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**

M.O.D., 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 03/14/2005 and assigned
Florida document number L05000025470.

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:

2637 GRACE DRIVE

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33316

Enter new mailing address, if applicable:

2637 GRACE DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33316

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:

2637 GRACE DRIVE

Enter Florida street address

FORT LAUDERDALE

City

Florida

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>
MGR	WARREN COOPER	2637 GRACE DRIVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
SMGR	WARREN COOPER	2637 GRACE DRIVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

16 JUN 30 PM 2 31
 DEPT OF STATE
 WASHINGTON, DC 20520-6001
 TEL: 202-693-3131
 FAX: 202-693-3131
 E-MAIL: STATE@STATE.GOV

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

16 JUN 30 PM 2:31
STATION OF STAFF
TALLAHASSEE, FLORIDA

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 JUNE 22 2016

NE 22 _____, 2016

 Signature of a member or authorized representative of a member

WARREN COOPER

Typed or printed name of signee