1605000060864

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	» #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
<u> </u>	cument Number)			
(DC	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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SECRE LARY OF STATE
TALLAHASSEE, FLORID.

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TRANSMITTAL LETTER

	stration Section sion of Corporations				
SUBJECT:	MADISON LIMIT	ED GROUP LLC			
~~~~	(Name of L	imited Liability Company)	· <u> </u>		
The enclosed	Articles of Amendment and fee(s) are su	bmitted for filing.			
Please return	all correspondence concerning this matter	er to the following:			
	AL	INA GARZA		TALSES J	-
		Name of Person)		LAHASS	1
		IITED GROUP LLC		SEE	F PM 3: 26
		(Firm/Company)		FLORITS STATE	3: 26
	6931 S	W 155 AVENUE,		7	
•		(Address)			
	MIA	MI, FL 33193			
	(City	//State and Zip Code)			
For further is	nformation concerning this matter, please	call:			
	ALINA GARZA	at ( 305	310-4161		
	(Name of Person)	(Area Code	& Daytime T	elephone Number)	
Enclosed is a	check for the following amount:				
<b>ઇ</b> \$25.00 Fili	ng Fee  \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is e	:nclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MADISON LIMITED GROUP LLC  (Present Name)  (A Florida Limited Liability Company)	<del></del>
FIRST:	The Articles of Organization were filed on JUNE 20, 2005 and assigned document number L05000060864	
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by liability company:	the limited
	ADD ALINA GARZA (AS MANAGING MEMBER)	
	ALINA GARZA (AS IVIANAGING IVIEIVIBER)	TASE OS
		第 5
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		3: 26
		DM or
Dated JUN	E 28, 2005	
	Signature of a member or authorized representative of a member	<del>-</del>
	ALINA GARZA	
	Typed or printed name of signee	<del></del>

Filing Fee: \$25.00