

LO5000062120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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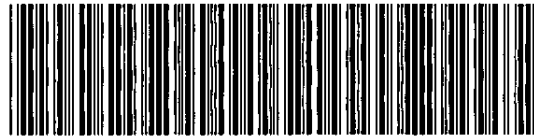
(Business Entity Name)

(Document Number)

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09/17/08--01010--016 **55.00

RECEIVED
08 SEP 17 AM 11:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 SEP 17 PM 2:45
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

SEP 17 2008

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Modet, LLC

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TALLAHASSEE, FLORIDA

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ___ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ___ Cert. Copy
- ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval

Signature

Requested by:

Name

Date

Time

WL 9/17 11:00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MODOT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/22/05 and assigned
Florida document number LO500002120

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 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**)

c/o Johnetta Wilson
1858 Capeside Circle
Wellington, FL 34957

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:

Johnetta Wilson

1858 Capeside Circle

(Enter Florida street address)

Wellington
(City)

Florida

34957
(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 of 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>
MGRM	DOROTHY NOVICK	2402 CAPTAINS WAY JUPITER, FL. 33477	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOHNETTA WILSON	1858 CARPIDE CIRCLE WELLINGTON, FL. 34957	<input checked="" 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

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

SEE ATTACHED
ASSIGNMENT OF MEMBERSHIP INTEREST
IN MODOT, LLC

Dated 9/17/, 2008.

(Signature of a member or authorized representative of a member)

Johnetta Wilson
(Printed or typed name of signee)

ASSIGNMENT OF MEMBERSHIP INTEREST IN MODOT, LLC

THE UNDERSIGNED, **DOROTHY NOVICK**, Individually and as Managing Member of **MODOT, LLC** and on behalf of all members of **MODOT, LLC**, does hereby assign all membership interest which she and all members may have in that certain Limited Liability Corporation known as MODOT, LLC which was incorporated in the State of Florida on June 22, 2005, to **JOHNETTA WILSON** and **MARCELLE L. HILL**.

THE UNDERSIGNED, **JOHNETTA WILSON** and **MARCELLE L. HILL** hereby accept all responsibilities and obligations in the Limited Liability Corporation described above and hereby assume the membership interest in the Corporation.

IN WITNESS WHEREOF, we have executed this Assignment on this the 8 day of August, 2008.

[Signature]
[Signature]
[Signature]
[Signature]
[Signature]

MODOT, LLC

[Signature]
DOROTHY NOVICK, Managing Member

[Signature]
JOHNETTA WILSON

[Signature]
MARCELLE L. HILL

STATE OF FLORIDA
COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, appeared **DOROTHY NOVICK** Individually and as Managing Member of **MODOT, LLC**, personally known to me or who has produced a driver's license as identification, and who executed the foregoing instrument and they acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 8th day of August, 2008.

[Signature]
NOTARY PUBLIC
My Commission Expires:

