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TALLAHASSEE, FLORIDA

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**TO: Registration Section
Division of Corporations**

SUBJECT: MLD 2, 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:

Rumit Nana
Name of Person

MLD 2, LLC
Firm/Company

PO Box 691777
Address

Orlando, FL 32869-1777

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

For further information concerning this matter, please call:

Rumit Nana at (407) 256-5172
Name of Person 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

July 11, 2012

RUMIT NANA
P.O. BOX 691777
ORLANDO, FL 32869-1777

SUBJECT: MLD 2, LLC
Ref. Number: L06000098878

We have received your document for MLD 2, 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):

Please complete the first page of the Articles of Amendment (attached).

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) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 012A00018572

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

MLD 2, 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 10/10/2006 and assigned
Florida document number L06000098878.

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)

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

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12 JUL 25 PM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

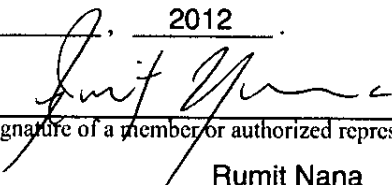
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|------------------------------------|--|
| MGR | Rumit Nana | PO Box 692679
Orlando, FL 32869 | <input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove |
| MGRM | Rumit Nana | PO Box 692679
Orlando, FL 32869 | <input checked="" 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 |
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<input type="checkbox"/> Remove |

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

Dated July 3, 2012


Signature of a member or authorized representative of a member

Rumit Nana

Typed or printed name of signee