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D. BRUCE

JUN 27 2011

EXAMINER

COVER LETTER

TO:

Registration Section,

Division of Co	orporations				
SUBJECT:	MD	CABS, LLC			
		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sui	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	C	HARLES, RENE JEAN Name of Person			
	JRC S	SERVICES ON LINE, LLC			
		Firm/Company			
	4811	SW 41 STREET, APT.206	· · · · · · · · · · · · · · · · · · ·		
		Address			=
	PEM	BROKE PARK, FL 33023		ANDIAR)	= "[]
		City/State and Zip Code		ASS. ASS. ASS.	2 2
	E-mail address: (Charie 1 @vahoo.com to be used for future annual report notification	on)	THE S	
For further information	concerning this matter, please	call:		SERVICE	•
CHAR	LES, RENE JEAN		6 5594		
Name	of Person	Area Code & Daytime Tel	ephone 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)	Certified	te of Status	
	LING ADDRESS: tration Section	STREET/COURIER Registration Section	ADDRESS:		
Divisi	on of Corporations Box 6327	Division of Corporation Clifton Building	ns		
	nassee, FL 32314	2661 Executive Center	Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	MD CAB iability Compa lorida Limited L	S, LLC ny as it now appears on o liability Company)	ur records.)	,
The Articles of Organization for this Limited Lial Florida document number		were filed on02	1/10/2007	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
		ON LINE, LLC		
The new name must be distinguishable and end with 'L.L.C." Enter new principal offices address, if applicable office address MUST BE A STREET Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Beauting) B. If amending the registered agent and/or registered agent and/or the new registered office.	ole: <u>ADDRESS)</u> OX) registered of	4811 SW 41 STRE PEMBROKE PARI 4811 SW 41 STRE PEMBROKE PARI fice address on our re	ET, APT.208 K, FL 33023 ET, APT.208 K, FL 33023	TI JUN 24 AN 7: 14
Name of New Registered Agent:	CHARLES, J	RENE JEAN		
New Registered Office Address:	<u>4811 SW 41</u>	STREET, APT.206 Enter Flo	orida street addr	ess
	PEMI	BROKE PARK	, Florida	33023
		City		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.

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>	Address	Type of Action
MGR	SHIDDELL, NICHOLAS C	1333 NW 29TH STREET MIAMI, FL 33142	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
D. If amendin	g any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	-
		Ser	JUN24
	······································		
Dated	<u>May 31</u> , <u>2</u>	2011 .	
	Signature of a memb	per or authorized representative of a member	
_	CH.	ARLES, RENE JEAN ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00