

L07000114463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000184514500

08/27/10--01006--003 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 27 PM 1:58

T. HAMPTON
Aug 30 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDS 26 CONSULTING 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:

SAMUEL SALAMA

Name of Person

MDS 26 CONSULTING LLC

Firm/Company

888 S.E. THIRD AVENUE, SUITE 400

Address

FORT LAUDERDALE, FLORIDA 33316

City/State and Zip Code

SSALAMA@CHARFAYA.COM

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

For further information concerning this matter, please call:

LEA SALAMA DIMITRI, ATTORNEY

Name of Person

at (954)

524-8888

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 27 PM 1:58

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MDS 26 CONSULTING 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 11/13/2007 and assigned
Florida document number L07000114463.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

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 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>
MGRM	SALAMA, SAMUEL	19111 COLLINS AVENUE APARTMENT 904 SUNNY ISLES BEACH, FLORIDA 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SALAMA, DANIEL	1835 E. HALLANDALE BEACH BLVD. SUITE 192 HALLANDALE, FLORIDA 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	KENIGSBERG, SUSANA	3340 S.W. 59TH STREET HOLLYWOOD, FLORIDA 33312	<input 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

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

N/A

Dated AUGUST 24, 2010



Signature of a member or authorized representative of a member

SAMUEL SALAMA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 27 PM 1:58