Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAMNER, LIPSITZ AND POLLER, PROFESSIONAL ASSOCIATION

Account Number: 075410001634 Phone : (305)442-4994 Fax Number : (305)442-2389

C AMND/RESTATE/CORRECT OR M/MG RESIGN

MOLTENI DD, LLC

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing MCLEOD

Help

OCT -3 2008

EXAMINER

M996:3 8005

COVER LETTER

Division of Co	rporations			
SUBJECT: Molten	וחם ווכ			
SUBJECT: IVIOICE	(Name of Lim	ited Liability Company)		
	·			
The analysis Aminles of	F A durance and & (a) a.v.)			
	Amendment and fee(s) are sub	_		
Please return all corresp	ondence concerning this matter	to the following:		
	Russell King	·		
		(Name of Person)		
	Camner, Lipsitz & Poller	, PA	•	
(Firm/Company)				
550 NE 34 Street, #2303				
	000 NC 34 Sheet, #2000	(Address)		
	Coral Gables, FL 33134	(City/State and Zip Code)		
		(City/State and Pip Code)		
For further information	concerning this matter, please o	all:		
			•	
Russell King	(0)	at (305) 529-2918 (Area Code & Daytime T		
(Name	of Person)	(Area Code & Daytine T	cicphone Number)	
Enclosed is a check for t	he following amount:			
2 \$25.00 Filing Pee	☐\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	☐S60.00 Filing Fee, Certificate of Status &	
	Continuate of Status	(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	
MAILING ADDRESS;		STREET/COURIER	ADDRESS	
Regist	ration Section	Registration Section		
	on of Corporations Box 6327	Division of Corporation Clifton Building	2no	
	assce, FL 32314	2661 Executive Center		
		Tallahassec, FL 32301		

4 .9 8818 .oN

TO:

Registration Section

M998:8 5:59PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Molteni DD, LLC		. 🙍
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on September 17, 2008	and assigned
Florida document number L08000088664		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
MDCF LLC		
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Company," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		180 180 180 180
•		
		-Z
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		A A
		7 8
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the tere:	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street addre	rs)
	, Florida	
	(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)

Page 1 of 2

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 = Mai MGRM = M	nager Ianaging Member		
Title	<u>Name</u>	Address	Type of Action
	<u> </u>		Add Remove
			Add Remove
	, 		Add Remove
			Add Remove
			Add Remove
			[Add Reinove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary,)	_
			<u> </u>
.:. <u> </u>			
Dated <u>Septe</u>	XXX	<u></u> .	_
		r or authorized representative of a member	
	Donato Calandriello Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00