L08000099313

(Requestor's Name)					
(Ad	ldress)				
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
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(Document Number)					
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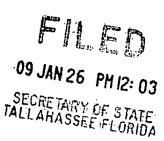
TO: Registration S Division of Co		3 .4		
SUBJECT: Mad Do		ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Juan Cartagena			
	De'Carta International Se	(Name of Person)		
				
	PO Box 536148	(Address)		
	Orlando, FL 32853	(Addiess)		
	Charles, i E CECCC	(City/State and Zip Code)		
For further information (concerning this matter, please c	all:		
Juan Cartagena (Name of Person)		at (407) 574-8315 (Area Code & Daytime Telephone Number)		
Enclosed is a check for t	he 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:		STREET/COURIER	ADDRESS:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Mad Dog Bats, 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 Lial Florida document number L08000099313	bility Company	were filed on 10-22-08	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited liabi	lity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		1505 Canton Street		
(Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32803		
Enter new mailing address, if applicable:		PO Box 536148		
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32853		
B. If amending the registered agent and/or registered agent and/or the new registered offi	•		ords, enter the name of the new	
Name of New Registered Agent:	Regina Steinmuss			
New Registered Office Address:	1505 Canton S		rida street address)	
	Orlando		, Florida <u>32803</u>	
		(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 **Title Address** Type of Action <u>Name</u> Mark Angelo MGR 205 South Eola Drive ■ Add Remove Suite C Orlando, FL 32801 Regina Steinmuss MGRM **₽**✓ Add 1505 Canton Street Orlando, FL 32803 Remove Add 🗂 Remove Add
 ☐ Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dated January 22 of a member or authorized representative of a member Juan Cartagena Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00