

LOS 000012607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

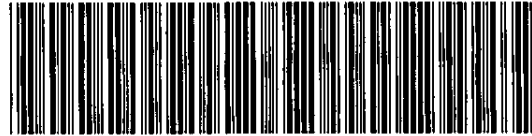
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Julie Hurst
gave perm. to correct R/A
info.
[Signature] 5/14

Office Use Only



400272437384

05/01/15--01024--017 **60.00

FILED
15 MAY -1 AM 11:24
FBI - PHOENIX

M. MILLIGAN
EXAMINER

MAY 14 2015

524



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2015

robert miller
18753 se federal hwy
tequesta, FL 33469

SUBJECT: AWD MANAGEMENT, LLC
Ref. Number: L09000012603

We have received your document for AWD MANAGEMENT, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business can not serve as its own registered agent.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 815A00009521

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AWD MANAGEMENT, 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:

ROBERT L. MILLER

Name of Person

AWD MANAGEMENT, LLC

Firm/Company

18753 SE FEDERAL HWY

Address

TEQUESTA, FL 33469

City/State and Zip Code

cbernardi@mstreet.org

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

For further information concerning this matter, please call:

Cindy Bernardi

561 746-2600
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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

AWD MANAGEMENT, 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 2/26/2009 and assigned
Florida document number L09000012603

This amendment is submitted to amend the following:

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

MLR MANAGEMENT, LLC

The new name must be distinguishable and contain 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:

Robert L. Miller

New Registered Office Address:

18753 SE FEDERAL HWY

Enter Florida street address

TEQUESTA

City

, Florida 33469

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 605, 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

☐ Remove
☐ Change
☐ Add

15 MAY - 1 AM 11:24
STATION
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FILED
MAY - 1 PM 11:24
15
JUN 1 1964
JUN 1 1964
JUN 1 1964

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated April 29 / 2015.

Signature of a

ROBERT L. MILLER

Filing Fee: \$25.00