## L09000023371

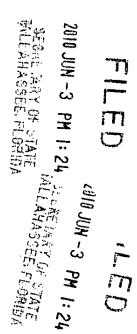
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	M.D SOLUTION	ON & REPAIRS, LLC	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fec(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
		Name of Person	
	M.D	Solution & Repairs, LLC Firm/Company	
		P.O. Box 37335	2010 JUN
	,		JUN -3
Jacksonville, FL 32236  City/State and Zip Code			gray 3
	E-mail address:	.dsolution@yahoo.com (to be used for future annual report notific	N-3 PM 1: 24 ASSEE FLORID
For further information	concerning this matter, please	call:	<b>5 2</b>
	hnny Murphy		37-3553
Name of Person		Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIE Registration Section Division of Corporat	
P.O. Box 6327		Clifton Building	

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M.D SC	DLUTION 8	<u> REPAIRS, I</u>	LLC.	<u> </u>	
(Name of the Limited I (A I	Liability Compa Florida Limited	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on03/09/2009					gned
Florida document numberL090000233	371				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liat	ollity company he	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Comp	any," the designation '		
Enter new principal offices address, if applical	ble:	6258 Alexon	Dr.	الاللالج المجارية الماللا	
(Principal office address MUST BE A STREET	ADDRESS)	Jacksonville,	FL 32221	HANSEY	47
		<del></del>			<del>-</del>
Enter new mailing address, if applicable:		P.O. Box 373	335	95 -	<u>ر</u>
(Mailing address MAY BE A POST OFFICE B	Jacksonville,	FL 32236	三月 24		
D. If amonding the projection of a section of			•		
B. If amending the registered agent and/or registered agent and/or the new registered officered.	registered of ce address her	nice address on ( <u>re:</u>	our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Michelle He	ester			
New Registered Office Address:	6258 Alexon Dr				
	Enter Florida street address				
	Ji	acksonville	, Florida	32221	
		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>	Name	Address	Type of Action				
MGR	Michelle Hester	P.O. Box 37335 Jacksonville, Fl. 32236	Add Remove				
MGRM	Johnny Murphy	P.O. Box 37335 Jacksonville, FL 32236	✓ Add ☐ Remove				
			Add Remove				
			Add Remove				
			P Add C				
	<del></del>		Add Remove				
D. If amendi	ing any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	····				
Dated	June 1 201	Λ	<del></del>				
Datta	Mich Oh Hoster						
		r authorized representative of a member ichelle Hester					
Typed or printed name of signee							

Page 2 of 2

Filing Fee: \$25.00