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SECILLIARY OF STATE TALLAHASSEE, FLORIDA

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T. HAMPTON

NOV = 0 2911

EXAMINER

COVER LETTER

то:	Registration Se Division of Cor							
SUBJE	CT:	MI	D247,LLC					
			ited Liability Company					
The end	The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please 1	eturn all correspo	ondence concerning this matter	to the following:					
	Lisa Harrison							
			Name of Person					
			MD247, LLC					
			Firm/Company					
		2505	Thonotosassa Road #303	.				
			Address	,				
		DI	ant City, Florida 33563					
			City/State and Zip Code	······				
			lisa@md-247.com					
		·	to be used for future annual report not	ification)				
For furt	her information c	oncerning this matter, please of	all:					
	Lis	sa Harrison	at (_813)	6005489				
	Name o	f Person	Area Code & Daytime Telephone Number					
Enclose	d is a check for th	ne following amount:						
₹2 5.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	MAIL	NC ADDRESS.	STREET/COLIE	HED ADDRECC.				

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

FILED.

2011 NOV -7 PM 2:54

(Name of the Limited Liability C (A Florida Lim	0247,LLC ompany as it now appears o lited Liability Company)	SEL n our records.	KETARY OF STATE AHASSEE. FLORIDA		
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on	06/10/2009	and assigned		
This amendment is submitted to amend the following:	11.12.				
A. If amending name, enter the new name of the limited	i Habinty company nere:				
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,	" the designation "I	LC" or the abbreviation		
Enter new principal offices address, if applicable:	2505 Thonotosa	2505 Thonotosassa Road #303			
(Principal office address MUST BE A STREET ADDRES	Plant City, Florid	da 33563			
Enter new mailing address, if applicable:	2505 Thonotosa	issa Road #30	3		
(Mailing address MAY BE A POST OFFICE BOX)	Plant City, Florid	Plant City, Florida 33563			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: Lisa Ha	<u>s here</u> :	records, enter t	he name of the new		
Traine of the transfer of the trainer					
New Registered Office Address: 2505 Ti		notosassa Road #303 Enter Florida street address			
	Diama Oite		22562		
	Plant City 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action				
MGRM	Marek Harrison	2505 Thonotosassa Road #303 Plant City, Florida 33563	☐ Add ☑ Remove				
			Add Remove				
			AddRemove				
			AddRemove				
<u>-</u>			Add Remove				
	······································		Add Remove				
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if nece	ssary.)				
			2011				
Dated	September 9 , 20	011	FILED NOV -7 PM HELNRY OF AHASSEE, F				
		Thursday or or authorized representative of a member Lisa Harrison	2: 54 LORIDA				
	Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00