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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 18 2010
EXAMINER

COVER LETTER

TQ: Registration Section
Division of Corporations

SUBJECT: REM RE MB, 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:

Richard J. Geisert, Esq.

Name of Person

Richard J. Geisert, P.A.

Firm/Company

9851 NW 58 Street, Unit 115

Address

Doral, FL 33178

City/State and Zip Code

rjglaw@yahoo.com

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

For further information concerning this matter, please call:

Richard J. Geisert, Esq.

Name of Person

at (305)

513-8851

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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

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TALLAHASSEE, FLORIDA

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

REM RE MB, 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 July 20, 2009 and assigned
Florida document number L09000069622.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

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TALLAHASSEE, FLORIDA

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:

Lucia Ardelean

New Registered Office Address:

2601 NE 18th Street

Enter Florida street address

Pompano Beach

City

, Florida

33062

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|---|--|
| MGRM | Racquel Taffe | 8600 NW 36 Street, Suite 295 Sunrise, FL 33351 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Sorin Ardelean | 3768 West Coquina Way Weston, FL 33332 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Lucia Ardelean | 2601 NE 18th Street Pompano Beach, FL 33062 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

6/16

2010

Signature of a member or authorized representative of a member:

Lucia Ardelean

Typed or printed name of signee

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TALLAHASSEE, FLORIDA