

**L09000080658**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

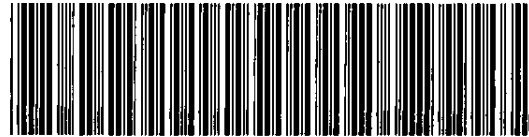
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300199472223

03/28/11--01047--009 \*\*25.00

FILED  
2011 APR 11 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

APR. 12 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2011

COLLEEN DZLKOWSKI  
MDPO LLC  
1560 SAWGRASS CORPORATE PKWY, #400  
SUNRISE, FL 33323

SUBJECT: MDPO LLC  
Ref. Number: L09000080658

We have received your document for MDPO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note, page 2 of the articles of amendment was missing when I received your document. Please fill out the 2nd page and mail it to my attention.

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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 311A00007609

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MDPO 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:

Colleen Dzikowski  
Name of Person

MDPO LLC  
Firm/Company

1560 Sawgrass Corporate  
Address  
#400 PKWY

Sunrise, FL 33323  
City/State and Zip Code

drhismarin@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Dzikowski at 954 297 8267  
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

☐ \$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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2011 APR 14 AM 9:04

MDPO LLC

(Name of the Limited Liability Company as it now appears on our records) SECRETARY OF STATE  
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/20/2009 and assigned  
Florida document number LO 9000080658

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)

**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:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LUIS MARIN	1560 Sawgrass	<input type="checkbox"/> Add
		Corp #480	<input checked="" type="checkbox"/> Remove
MGR	Colleen Dzikowski	Sawgrass Sunrise	<input checked="" type="checkbox"/> Add
		FL 333	<input type="checkbox"/> Remove
		Same as above	
			<input 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.)

2011 APR 14 AM 9:01  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

Signature of a member or authorized representative of a member

LUIS MARIN

Typed or printed name of signee

Colleen Dzikowski