

200317658682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

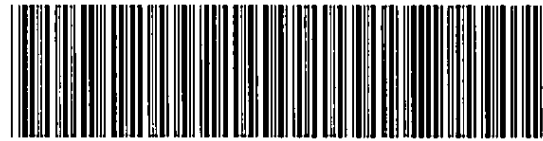
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200317658682

07/06/15--01026--008 \*\*25.00

MAILED OCT 8 2015

OCT 8 8 130 AM

FILED

10/8/15 DS

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

18950 SW 50 ST  
Address

SW Ranches, FL 33332  
City/State and Zip Code

colleendzikowski1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen DZIKOWSKI at 954 6845716  
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)

*This was paid  
in June 2015 but never charged*

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

FILED  
OCT - 8 PM 4:05

ARTICLES OF AMENDMENT  
\* TO  
ARTICLES OF ORGANIZATION  
OF

MDPO 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 \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

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 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

please note  
manager Colleen DZIKOWSKI  
remains the same

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
|-------|------|---------|----------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

Secretary  
Luis  
marin

|  |              |  |                                         |
|--|--------------|--|-----------------------------------------|
|  | 3410 W 84 ST |  | <input checked="" type="checkbox"/> Add |
|--|--------------|--|-----------------------------------------|

|  |      |  |                                 |
|--|------|--|---------------------------------|
|  | #100 |  | <input type="checkbox"/> Remove |
|--|------|--|---------------------------------|

|  |           |  |                                 |
|--|-----------|--|---------------------------------|
|  | Haleah Fl |  | <input type="checkbox"/> Change |
|--|-----------|--|---------------------------------|

|  |       |  |                              |
|--|-------|--|------------------------------|
|  | 33018 |  | <input type="checkbox"/> Add |
|--|-------|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

1999 OCT - 8 PM 14 05

REC'D  
OCT - 8 PM 4:05

**Effective date, if other than the date of filing:** \_\_\_\_\_ (Optional)  
 (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)  
Note: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be treated as the document's effective date on the E-Registry. DO NOT LEAVE BLANK.

Dated 09/01/2018  
Colleen Dziukowski  
 Signature of a member or authorized representative of a member  
Colleen DZUKOWSKI  
 Typed or printed name of signee