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| Special Instructions to Filing Officer: | | | | |
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| SUBJE | C1: | Name of Lim | ited Liability Company | | |
| The end | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please i | return all correspo | ndence concerning this matter | to the following: | | |
| | | Candace Dinh | | | |
| | Name of Person | | | | |
| | | MDYC LLC | | | |
| | | | Firm/Company | | |
| | | 1787 NW St. Lucie West E | Blvd. | | |
| | | | Address | | |
| | | Port St Lucie, FL 34986 | | | |
| | | Dvanzer@yahoo.com | City/State and Zip Code | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | |
| For furt | ther information co | oncerning this matter, please ca | all: | | |
| Candao | ce Dinh | | 772 410-6446at () Area Code Daytime | | |
| | Name o | f Person | Area Code Daytime | Telephone Number | |
| Enclose | ed is a check for th | ne following amount: | | | |
| \$25 | 5.00 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

TO ARTICLES OF ORGANIZATION 2015 JUN 11 PM 12: 22 **OF**

FILED

SECRETARY OF STATE, TALLAHASSEE, FLORIDA

MDYC 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 L09000114241 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: 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: Candace Dinh Name of New Registered Agent: 2751 SW Newberry Ct. New Registered Office Address: Enter Florida street address

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.

Cirv

Palm City

or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---|-------------------------|----------------|
| MGR | Max Dinh | 658 NW Monroe St. | |
| - | | Port St. Lucie, FL34983 | ■ Remove |
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| (If an el Note: docum | tive date, if other than the date of filing: <u>June 8, 2015</u> (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records. | be listed as the |
| the re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed. | earlier of |
| ~ | | 复工 |
| Dated | Candace Dinh | SSECTION OF THE PROPERTY OF TH |
| | Signature of a member or authorized representative of a member | PN 12: 22 OF STATE E. FLORIDA |
| | Candace Dinh | 3 |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00