L100000 79040

(Requestor's Name)	
(Address)	000314542260
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	06/18/1801018008 ++25.00
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only

7/6/18/05



Division of Corporations

June 20, 2018

MICHAEL KADOCK 7501 NW 4TH ST SUITE 204 PLANTATION, FL 33317

SUBJECT: MICHDAN REALTY LLC

Ref. Number: L10000079040

We have received your document for MICHDAN REALTY 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Type or print name of signee.

Please return 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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 818A00012832

COVER LETTER

Division of Cor	porations			
MICHDAN SUBJECT:	REALTY LLC			
,	Name of Lin	nited Liability Company		
Physical American P	•	and the Control of the Control		
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	Michael Kadock		*;	<i>(</i> 2)
		Name of Person	r	
	Michael R. Kadock, P.A.		5	;== <u></u> ,
		Firm/Company		- G
	7501 NW 4th Street, Suite	204	`• •	> ; 5
		Address	÷	TEL TEL
	Plantation, FL 33317		,	J.
		City/State and Zip Code		
	michael@kadochlaw.com E-mail address: t	to be used for future annual report notif	ication	
For further information c	concerning this matter, please c			
Michael Kadoch		954 713-9423		
Name o	d Person	at () Area Code Daytime	Telephone Number	_
Enclosed is a check for the	ha fall social analysis			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing F	
= 323.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Certified Copy (additional copy i	Status &
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	
	ration Section	Registration Section		

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

MICHDAN REALTY LLC

(Name of the Limite	d Liability Company as it now appears on our records. A Florida Limited Liability Company)	,
The Articles of Organization for this Limited Lia Florida document number L10000079040	ability Company were filed on 07/28/2010	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	¥ & T
Principal office address MUST BE A STREET	TADDRESS)	(y) 1 B
Enter new mailing address, if applicable:		5
Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, fice address here:	enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida street address . Flor	ida

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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Benny Levy	1101 Nw 93rd Avenue.	■ Add
-		PLANTATION, FL 33322	□ Remove
	•		☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
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Tective date, if oth an effective date is listed	er than the date of fi d, the date must be specific	iling: c and cannot be prio	r to date of filing or n		ional) er filing.) Pe	ursuant to 60	05.020
ote: If the date inser	ted in this block does n late on the Department	ot meet the applic	able statutory filin	ig requirements, th	is date wi	ll not be lis	sted a
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e record specifies The 90th day aft	dy /	20/	<u>2</u> .				

Page 3 of 3

Filing Fee: \$25.00