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EXAMINER



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SECNILLARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: MLD 3, LL	-C	
Name of Limi	ited Liability Company	 !
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
	Firm/Company 691777 Address FL 32869-1777 City/State and Zip Code	TALLAHASSEE, FLORIDA
E-mail address: (@ gmail.com (to be used for future annual report notification)	
For further information concerning this matter, please	call:	
Karl M. Schmitz Name of Person	at (727) 450-0778 Area Code & Daytime Telephone N	Jumber
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed)	00 Filing Fee, entificate of Status & entified Copy dditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. M	LD 3, LL	. C	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number \(\arr 000089187 \)		8 - 2 5 - 2 0 10 and assigned	
Florida document number 200008 178 7	 '		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	ÿ.	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation LLC" the abbreviation	
Enter new principal offices address, if applicable:		HAAA L	
(Principal office address MUST BE A STREET ADD	DRESS)	97 6 m	
	*- <u></u>	FISTAL STATE	
Enter new mailing address, if applicable:	<u> </u>	>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regiregistered agent and/or the new registered office ad		ur records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street address	
	City	, Florida 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 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 = Mai MGRM ⇒ M	nagçı Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>m6</u> R	Rumit NANA	P.O. BOX 692679 ORLANDO, FL 32869-26	Add 279 Remove
mbrm	Rumit, NANA	P.O. BOX 692679 ORLANDO, FL 32869-26	Add 79 Remove
			Add Remove
			Add Remove
·			Add Remove
			Add Remove
D. If amend	ling any other information, enter change		FILED AND STATE OF ST
Dated	Signature of a member	or authorized representative of a member	
	Kunit Nan Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00