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## **COVER LETTER**

Divis	ion of Corp	orations				
SUBJECT:	MDS PRO	PERTY INVESTMENTS, L	L.Ĉ			
SOBJECT: _		Name of Lim	nited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return a	ill correspon	dence concerning this matter	to the following:			
		MARIA C. RODGRIGUE	EZ.			
			Name of Person	<del></del>	-	
		MDS PROPERTY INVES	STMENTS, LLC			
			Firm/Company	-	•	
		14501 SABAL DRIVE				
,		·	Address		•	
•		MIAMI LAKES, FL 3301	4			
			City/State and Zip Code		•	
		almarlam@aol.com				
		E-mail address: (	to be used for future annual report notific	ation)		
For further inf	ormation cor	ncerning this matter, please c	all:		2019	
MARIA C. R	ODRIGUEZ		at (305 ) 335-6	<i>55</i> 3		1 1 1 1
	Name of I	Person		Felephone Number	TO THE	
Enclosed is a	check for the	following amount:			1701 <del>-</del>	()
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

MDS PROPERTY INVESTMENTS, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del> </del>
The Articles of Organization for this Limited Liability Company	y were filed on <u>03/02/2011</u>	and assigned
Horida document number L11000026284		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered of		r the name of the ne
registered agent and/or the new registered office address he	<u>re</u> :	.: <b>\&gt;3</b>
Name of New Registered Agent:		26.5
New Registered Office Address:	Enter Florida street address	14 × 1
	, Florida	R M
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	5.00 <b>&amp;</b>

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

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/M	DAVID RODRIGUEZ		
		14501 SABAL DRIVE, MIAMI LAKES FL 33014	Remove
			☐ Change
			Remove
			Change
			D Add
			Change
			□ Add
			Change
	<del> </del>		—————————————————————————————————————
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			☐ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00