L11000043462

(Re	equestor's Name)				
(Address)					
(Ad	Idress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
· · · · · · · · · · · · · · · · · · ·	ocument Number)				
(DC	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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Paul W Ardaji Jr

12492 Aviles Circle

Palm Beach Gardens, Florida 33418

561.676.3690

October 2, 2012

Florida Department of State

Division of Corporations

Registration Section

2661 Executive Center Circle

Tallahassee, Florida 32301

To Whom It May Concern:

This is now the second time in 2 weeks, that I have had to submit a letter responding to my removal from Sunbiz.org as Managing Member of MEP Clematis Ventures, LLC. I have not, nor have I ever resigned as Managing Member of the LLC, nor do I ever intend to. If I do, I will notify the office in writing, and expect that I am no longer removed. Please accept my documentation and paperwork, and replace me again as MGRM of MEP Clematis Ventures, LLC. Thank you again for your assistance, and appreciate the efforts.

Respectfully,

Paul Ardaji Jr

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: MEP CLEMATIS VENTURES, 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:
PAUL WARDAJI JR Name of Person
MEP CLEMATIS VENTURES, CLC
14189 CALODSA BLUD
PALM BEACH GARDENS, FL 33418 City/State and Zip Code
PAUL ARDATI (P. GMail. COM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAUL AKDAJI JR at (SGL) 676-3690 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

	Or					
(Name of the Limited Liab (A Flor	MATIS bility Company ida Limited Lia	as it now appears on bility Company)	12 OCT -3 PM 12: 43 OUT FOCOSTOS HASSEE, FLORIDA			
			•			
The Articles of Organization for this Limited Liabili		ere filed onF\PIQL	and assigned			
Florida document number <u>L1100004346</u>	<u>م</u>					
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liabili	ty company here:				
The new name must be distinguishable and end with the "L.L.C."	words "Limited	Liability Company,"	he designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable	:					
(Principal office address MUST BE A STREET AI	DDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX	9					
	_					
B. If amending the registered agent and/or re		e address on our r	ecords, enter the name of the new			
registered agent and/or the new registered office	<u>address here</u> :					
Name of New Registered Agent:						
New Registered Office Address:		<u> </u>				
	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 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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager

MGRM = N	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	PAUL W ARDANI JR	12492 AUILES CIR Pain Beh GARDINS, FL 33418	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.) —
 			12 OCT
 Dated/C	1/2		FILED -3 PHI2: 43 MSEE, FLORID
	Signature of a member PAUL A	RDAJJ JR d or printed name of signee	——————————————————————————————————————

Page 2 of 2

Filing Fee: \$25.00