

LI1000043535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

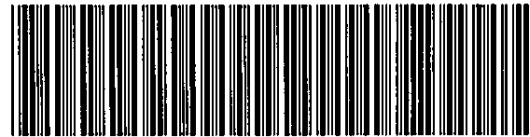
(Business Entity Name)

(Document Number)

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JUDICIAL CIRCUIT IN AND FOR  
FLORIDA

MAY 13 2014

J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAD RE Investments 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:

Daniel Sttlander  
Name of Person  
MAD RE Investments  
Firm/Company  
7300 W Camino Real Suite 201  
Address  
Boca Raton FL 33433  
City/State and Zip Code  
dsttlander@stateandbraun.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Daniel Sttlander at (561) 542 7338  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

MADRE Investments LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Matthew Kessler	7300 W Carmine Real Suite	<input type="checkbox"/> Add
		201 Bowen Katan FL 33433	<input checked="" type="checkbox"/> Remove
MGR	Aygal Frist	7300 W Carmine Real	<input checked="" type="checkbox"/> Add
		Suite 201 Bowen Katan FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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HALL COUNTY, GEORGIA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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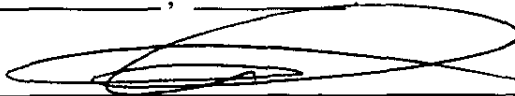
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/30/2014 , \_\_\_\_\_



Signature of a member or authorized representative of a member

Daniel St. Lawrence

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA