## 110000070654

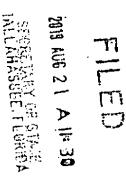
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	····

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Mad Ave Propertie	es, LLC		
DOCUMENT NUM	1.11000070654			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	Robert Bledsoe Jr			
	·	Name of Contact Person	n	
	Mad Ave Properties, LLC			
	### Area Code & Daytime Telephone Number of Orthe following amount made payable to the Florida Department of State:    State of Status			
	2035 SW 7th Ct			
		Address		
	Boca Raton, FL 33486			
		City/ State and Zip Cod	e	
		,		
mada ———	* *			
	E-mail address; (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Robert Bledsoe Jr		561	889 9805	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy	
Ma	iling Address	Street	Address	
	endment Section	Amendment Section		
	rision of Corporations		on of Corporations	
	). Box 6327 Iahassee, FL 32314		Building ixecutive Center Circle	
1 31	ianassee, i L J2J [4	2001 E	ACCULIVE COME CHOIC	

Tallahassee, FL 32301



August 9, 2019

ROBERT BLEDSOE JR 2035 SW 7 CT BOCA RATON, FL 33486

SUBJECT: MAD AVE PROPERTIES LLC Ref. Number: L11000070654

We have received your document for MAD AVE PROPERTIES LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a Corporation.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 419A00016432

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MAD AVE PROPERTIES LLC			اسالم	
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.) 2979 AUG 21	P 3 69
The Articles of Organization for this Limited I Florida document number L11000070654	Liability Company	were filed on 06/17/2011		். புகர்ந்ததர்நால்
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
NA				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LUC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA		
Principal office address MUST BE A STRE	ET ADDRESS)			
				<del> </del>
enter new mailing address, if applicable:		NA		<del></del>
Mailing address MAY BE A POST OFFICE	(BOX)			
3. If amending the registered agent and registered agent and/or the new registered or	Vor registered of	Mice address on our re	ecords, <u>enter</u> th	e name of the
egistered agent and of the new registered to	onice address her	<u>c</u> .		
Name of New Registered Agent:	Robert Bledsoe	Jr		
New Registered Office Address:	2035 SW 7th C	t		
		Enter Florida street	address	
	Boca Raton		3348	3

## 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 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 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
NA	NA	NA	
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		<del></del>	☐ Remove
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NA -	y other information, enter change(s	i <b>nere:</b> (Allach additio	nat sheets, if necessary.)	
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Effective date il	other than the date of filing:		(and all	
If an effective date is	other than the date of filing: listed, the date must be specific and cannot be inserted in this block does not meet the a	prior to date of filing or mo	re than 90 days after filing.) Pursus	ant to 605,0207
document's effect	ive date on the Department of State's rec	ords.	requirements, this date with his	or ne fixted as
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ne record spec The 90th day	ifies a delayed effective date, bu $\prime$ after the record is filed.	t not an effective ti	me, at 12:01 a.m. on th	e earlier of
Dated	<del></del>	·		
	/Clale/	Will		