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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

JUL 1 0 2012

EXAMINER

COYER LETTER

TO:

	то:	Registration Section Division of Corporation					
ø.	SUBJE	ECT:	mcD	Properties LLC	<u></u>		
	50202		Name of Limited	Liability Company			
	The en	he enclosed Articles of Amendment and fee(s) are submitted for filing.					
	Please	Please return all correspondence concerning this matter to the following:					
			MARI	Duenas Name of Person			
	Firm/Company						
		Address Miami FL 33172 City/State and Zip Code					
		on)					
For further information concerning this matter, please call:							
		Marko Name of Pe	Duenas	at (305) 777 - 20 Area Code & Daytime Te	Bephone Number		
	Enclose	ed is a check for the f	ollowing 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)		
		Registration Division of P.O. Box 6	f Corporations	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MCD	Properties L	SEUNETANY OF STATE
(Name of the Limited Liab) (A Florid	ility Company as it now appears da Limited Liability Company)	on our records:
The Articles of Organization for this Limited Liability	y Company were filed on 12	-5 - 2011 and assigned
Florida document number L 11000 136	814	
This amendment is submitted to amend the following	; :	
A. If amending name, enter the new name of the l	imited liability company here	!
KMDA Propertie	s LLC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AD	DRESS)	
·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ent	er 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 = Managing Member Title Name <u>Address</u> Type of Action ☐ Add Remove ☐ Add 🔲 Remove .□ Add Remove Add Remove ∐Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00