# L11000137667

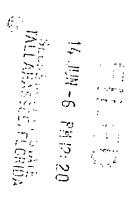
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J. States JUN 1 - 2014

### **COVER LETTER**

TO: Registration Section
Division of Corporations

<sub>r.</sub> MDR Real Estate, 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:

Veronica Naranjo

Name of Person

MDR Americana, LLC

Firm/Company

1450 Brickell Ave Ste#2170

Address

Miami, FL 33131

City/State and Zip Code

v.naranjo@mdramericana.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Naranjo

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 $_{at}(786)507-0804$ 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MDR Real Estate, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number L11000137067		and assi	gned
This amendment is submitted to amend the following:			
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 words "Limited Liabili	ty Company," the designation "LLC" or t	the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name o	of the ne
Name of New Registered Agent:	<u> </u>	5 -	
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address , Florida	75	TERME RESIDENCE C
	City	Zip Code ,	
New Registered Agent's Signature, if changing Registered Agent:		B : 25	71.45.76 41.6
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p			

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title Name Address Type of Action Nunez De Balboa 16, 2 Right <sub>■ Add</sub> **MGR** Moratiel Llarena, Manuel Madrid 28001, Spain AF Remove Nunez De Balboa 16, 2 Right <sub>■ Add</sub> MGR Entrena Moratiel, Maria Del Pilar Madrid 28001, Spain AF \_□ Add  $\square$  Remove □ Add Remove ... □ Add ☐ Remove

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E. Effective	e date, if other than the date of filing: (optional)
(The effecti	e date, if other than the date of filing:  ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
(The effect) the date the	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after its document is filed by the Florida Department of State)
(The effect) the date the	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after also document is filed by the Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00