

L11000137067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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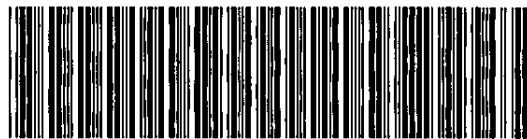
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. Shivers JUN 10 2014

CK#1245

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 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

Name of Person

at **(786) 507-0804**

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

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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	Moratiel Llarena, Manuel	Nunez De Balboa 16, 2 Right Madrid 28001, Spain AF	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Entrena Moratiel, Maria Del Pilar	Nunez De Balboa 16, 2 Right Madrid 28001, Spain AF	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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SECURITY UNIT
TALLAHASSEE, FLORIDA

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

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 **June 4**, **2014**

Signature of a member or authorized representative of a member

Jose Alfredo Ruiz Marcos

Typed or printed name of signer

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Filing Fee: \$25.00

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