## #\_\_\_ | 2000010894

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

CT. MDT Properties, 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:

Diane Noonan

Name of Person

911 Restoration, Inc.

Firm/Company

10730 NW 53 Street

Address

Sunrise, Fl. 33351

City/State and Zip Code

Diane@911Restoration.com

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

For further information concerning this matter, please call:

Diane Noonan

,,954 \**747-700**0

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

FILED

12 DEC 17 PM 5: 16

SELREJARY OF STATE

ORDAN

MDT Properties, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	lity Company were file	<sub>ed on</sub> <u>Jan 24, 2012</u>	and assigned
Florida document number L12000010894	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability com	ipany here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liabi	ity Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		ress on our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street add	dress
		, 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 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 **Type of Action** Title <u>Name</u> **Address** Shick, Moshe 10730 NW 53 Street **MGRM** Sunrise, Fl. 33351 Remove Remove Remove Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	DECEMBER 13 PROPA
	( Song ( Shaw
	Signature of a member of authorized representative of a member  Douglas Neuhaus
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00