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Division of Corporations

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To:

Division of Corporations

Estimated Charge

Fax Number : (850)617-6383

From:

Account Name : MARILI CANCIO JOHNSON P.A.

Account Number : 120160000073 : (305)967-6329 Phone

Fax Number : (305)470-7453

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one cmail address please. \*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MVD ENTERPRISES LLC** Certificate of Status Certified Copy 0 Page Count 04

\$25.00

D. SCOTT Help nct 03 2016 ((H16000243322 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MVD ENTERPRISES, LLC. A FLORIDA LIMITED LIABILITY COMPANY

## (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 Liability Company were filed on APRIL 9, 2012 \_ and assigned Florida document number\_L12000048370 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

## 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 Changing Registered Agent, Signature of New Registered Agent

To: DEpt of State Page 4 of 5

2016-09-29 22:32:53 (GMT)

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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

Title	<u>Name</u>	Address Ste 650	Type of Action
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fective date, if other than the effective date is listed, the date in the late. If the date inserted in this to cument's effective date on the late.	ust be specific and can block does not meet	not be prior to the applicabl	date of filing or mor le statutory filing	(opti e than 90 days after requirements, thi	filing.) Pursuant to 605.02
record specifies a delays The 90th day after the re	d effective date cord is filed.	, but not a	n effective tir	ne, at 12:01 a	.m. on the earlier
SEPTEMBER 29	2	01/6			
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****	Signature of a memi	per or authoriz	ed representative of	a member	

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