L12000113056

(Requestor's Name)					
(Address)	_				
(Address)					
. (City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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EXAMINER



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SECRETARY OF 3 (ATE
TAIL AHASSEE, FLORIDA

COVER LETTER

Division of Co	rporations			
SUBJECT:	MD	ⅅ LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		. 3 - 7
Please return all corresp	ondence concerning this matter	to the following:		TALLAND SEE FLORIDE
		BIANCA SAPORITTO		
		Name of Person		ون برائي
	TEAM REAL	. ESTATE MANAGEMEN	T, LLC	ONDE
		Firm/Company		,
	2801 NE 208	TH TERRACE, SECOND	FLOOR	_
		Address		_
	А	VENTURA, FL 33180		
		City/State and Zip Code		-
	BIANCA@1	TEAMREMANAGEMENT.	.COM	
		o be used for future annual report no		
For further information	concerning this matter, please c	all:		
BIAN	CA SAPORITTO	at (305)	454-0915	
Name	of Person		me Telephone Numbe	er
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 enclose	ed) Certifie	ate of Status &

TO:

Registration Section

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

	MDⅅ LLC	10 H. M.	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appearida Limited Liability Company)	s on our records	
The Articles of Organization for this Limited Liabil	lity Company were filed on	09/04/2012 and assigned	
Florida document numberL1200011305	<u>6</u> .	- 100 00 00 00 00 00 00 00 00 00 00 00 00	
This amendment is submitted to amend the following	ng:	•	
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
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 office		our records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u>-</u>		, Florida	
	City	Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TAUBAS, ARIEL HUC	STE 200 AVENTURA, FL 33180	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
D. If amen	nding any other information, e	nter change(s) here: (Attach additional sheets, if necessar	y.)
_			
_			
Dated	NOVEMBER 06		
		bu.	
	Signature	of a member or authorized representative of a member BIANCA SAPORITTO	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00