# L12000 144671

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/2.lp/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



000248337900

09/19/13--01004--013 \*\*25.00

13 SEP 19 PH 4: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SER SOUTH

# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: MDC	CAPITAL	YOLDINGS LLC	TALE TALE
•	Name of Limit	ed Liability Company	LAH LAH
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	SEP 19 PM 4: 44
Please return all correspon	ndence concerning this matter	to the following:	PM 4: 44
	Michael	Name of Person	<b>↓</b> 10 A
	MDC CA	Or Tal HOLDINGS Firm/Company	LLC
	3297	NW 53 RD CX	CLE
	BOCA 1	PATON FZ 3: City/State and Zip Code	3496
		56/ @ AOL. COM  be used for future annual report notificati	
For further information co	ncerning this matter, please ca	dt:	
MICHE Name of	Esenberg Person	at ( <u>5/6</u> <u>8/8</u> <u>7/9</u> Area Code & Daytime Te	dephone Number
Enclosed is a check for the	e 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

MDC M (Name of the Limited Li (A F	GITAL ability Compan	Hording	on our records.)	SEURET TALLAHD
The Articles of Organization for this Limited Liab Florida document number	ility Company v			ARY OF STATE SSEE FOR TO BE USED
This amendment is submitted to amend the follow	ing:			<i>,</i> -
A. If amending name, enter the new name of the	<u>se limited liabil</u>	ity company here		
	N/A			
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	ed Liability Compan	y," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicab	le:	3297	NW 53Re	CIACLE
(Principal office address MUST BE A STREET.	ADDRESS)	Boca	Raton Fl	33496
Enter new mailing address, if applicable:		<i>3</i> 297	NW 53	RD Circle 33496
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	Boca	Raton Fl	33496
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address here:	:	-	
Name of New Registered Agent:		SAME	Registered	
New Registered Office Address:	<u> </u>	297 NW : Ente	r Florida street add	ayent  Le ress  33496  Zip Code
	Boca	Raton	, Florida	33496
•		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 = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
	Michael Esending	Boca Ruton FL 3349	Add
	·	Boca Ruton FL 3349	Z Remove
			Add
			Remove
1			— Add
			SECHETARY CONTROLLAND FILE
			EED STATE
			Remove
			Add
		<del> </del>	Remove
			Add
			_ Remove

	N/A
	ONLY Address Change
	, , , , , , , , , , , , , , , , , , ,
Sept	ember 17, 2013.
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

13 SEP 19 PH L: 1.5