L13000019892

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SECRETARY OF STATE
DIVISION OF COSPORATIONS

C. LEWIS
FEB 12 2013
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Mandalay Square 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:

Errol Ramdarie

Name of Person

Mandalay Square LLC

Firm/Company

2417 Jericho Tpke #332

Address

Garden City Park, NY 11040

City/State and Zip Code

errolrr@aol.com

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

For further information concerning this matter, please call:

Errol Ramdarie

__917**、971-206**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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 FEB 1 | AM 11: 46

Mandalay Square LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited L	iability Company were filed on 2/7/2013	and assigned
Florida document number L13000019892		
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and end wit 'L.L.C."	th the words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	. _
B. If amending the registered agent and/oregistered agent and/or the new registered of		ords, <u>enter the name of the new</u>
Name of New Registered Agent:	7972 A Fe	MICHAEL TILLE
New Registered Office Address:	7999 N. FEDERA Enter Flori	da street address
	BOCA Raton	, Florida <u>33 48 7</u>
	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.

Michael Tilley
If Changing Registered Agent, Signature of New Registered Agent

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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
<u>Title</u>	<u>Name</u>	Addres 11 AM II: 46	Type of Action
MGRM	Krishna Persaud	5600 SW 12TH STREET	Add
		North Lauderdale	Remove
		FL, 33068	-
		<u> </u>	Add
			Remove
			Add
			Remove
			Add
			Remove
			,
			Add
<u> </u>			Remove
			Kemove
			Add
			Remove

D. If amending any other information,	enter change(s) here: (Atta	ch additional sheets, if necessary.)
		FILEU Secretary of State
		OIVISION OF CORPORATION:
Dated February 7		
Signatur	of a member or authorized rep	resentative of a member
Errol Ramdarie		
	Typed or printed name of	of Signee

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Filing Fee: \$25.00