413000026620

Office Use Only



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04/17/19--01013--013 **25.00





COVER LETTER

ELIDAROTE.	MDTJ.	LLC			
SUBJECT:	Name of L	Name of Limited Liability Company			
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.			
Please return all corre	spondence concerning this matt	er to the following:			
		Paul Silverberg, Esq.			
		Name of Person Silverberg & Weiss, P.A. Firm/Company			
		1290 Weston Road, Suite	218		
		Address Weston, FL 33326 City/State and Zip Code annualreports@Pkslegal.com E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please of	call:			
Paul K. Silverberg, Esq.		at (954) 38	4-0998		
Name of Person		at (at (954)38 Area Code Daytim	e Telephone Number		
nclosed is a check for t	he 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 TO OF

MDT).	, LLC	2019 APR 17	PM 5: 58
·	ability Company as it now appeared Limited Liability Company	nes on our records.	3.0
The Articles of Organization for this Limited Liabilit Florida document numberL13000026620	y Company were filed on _	2/20/2013	and assigned
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability company l	here:	
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL		designation "LLC"	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	C.F	on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	lorida street address	
		, Flo	
	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 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Owner	Anthony Giammaresi	10365 Royal Palm Blvd	50 Add
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ir an offer	re date, if other than the date of filing:
Note: 1	I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as i
TOTE: 1	nt's effective date on the Department of State's records.
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Filing Fee: \$25.00