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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2015

DON GONZALEZ 1820 N CORP LAKES BLVD STE 201 WESTON, FL 33326

SUBJECT: MC&BOSS MEDITERRANEAN VILLAGE 402, LLC

Ref. Number: L13000098427



We have received your document for MC&BOSS MEDITERRANEAN VILLAGE 402, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

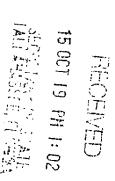
Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 515A00020590



COVER LETTER '

SUBJECT:	MC & BOS	SS MEDITERRANEAN VILL	AGE 402, LLC	
SODJEC1.		Name of Lim	ited Liability Company	. .
		Amendment and fee(s) are sub	_	FILED SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, ELORIDA
		DON GONZALEZ		10000 5: 19
			Name of Person	7.
		DON GONZALEZ P.A		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
				
		WESTON FL 33326		
		DONGONZALEZ@AOL.C		
			to be used for future annual report notific	ation)
For further in	nformation c	oncerning this matter, please ca	all:	
DON GONZ	ZALEZ		954 598-0660	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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

TO:

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

MC & BOSS MEDITERRANEAN VILLAG		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Corida document number L13000098427	Company were filed on $\frac{07/11/2013}{}$	and assigned
	<u></u> ,	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		79.3
Principal office address MUST BE A STREET ADD	RESS)	CRO SS -
		## P -1
		SEE A
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		ORD 5:
		9 9
3. If amending the registered agent and/or reginered agent and/or the new registered office add		ecords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		<u>. </u>
	Enter Florida street	address
	City	_, Florida Zip Code
	City	Lip Coue

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

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
MGRM	MCGOOHAN&COMPANY,LTD#	1820 N CORP LAKES BLVD 201	Add
		WETON FL 33326	■ Remove
			Change
MGRM	BOSS GLOBAL ENTERPRISES,L	1820 N CORP LAKES BLVD 201	= Add
		WESTON FL 33326	Remove
			Change
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tive date, if other than ffective date is listed, the date	the date of filing	cannot be prior to	date of filing or me	or	tional)	Purcus	nt to 60
If the date inserted in thi ment's effective date on the	s block does not m	eet the applical					
ment's effective date on th	e Department of S	iate's records.					
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e 90th day after the	record is filed.						
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Page 3 of 3

Filing Fee: \$25.00