L13000142747

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(Ci	ty/State/Zip/Phone	÷#)
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SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATION OF STATE OF ST

JUN 16 2015

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COVER LETTER

TO: Registration S Division of Co					
OLID TE OFF	vestments, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Steven A. Rennick				
		Name of Person			
	MDBC Investments, LLC				
		Firm/Company			
C/O 15 Royal Palm Pointe					
Address					
	Vero Beach, FL 32960				
		City/State and Zip Code			
	Steve@RennickRealtors.co				
For further information	E-mail address: (to be used for future annual report notif	ication)		
	concerning this matter, piease e				
Steve Rennick		772 473-4855at ()			
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)	S60.00 Filing Certificate o Certified Cop (additional cop)	f Status &	SECRETAR DIVISION OF
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n gations S	M 8:21	Y OF STATE CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A		
	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liab Florida document number L13000142747	bility Company were filed on OCT	OBER 9, 2013 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here	;
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	ox)	
registered agent and/or the new registered office Name of New Registered Agent:	ce address here:	
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida	street address
		, Florida
	City	

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

1

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	STEPHEN EISENMANN	230 SHORE DRIVE	☐ Add
		VERO BEACH, FL 32963	Remove
			Change
	-		
		 	Remove
			Change
			□ Add
			□ Remove
		 	□ Change
			Add
			☐ Remove
			Change
			□ Add
			SECRETARY OF SILVEN OF CORPORE IS JUME 15 AND OF CORPORT OF CORPOR
			RY OF STATE CORPORATIONS AND SEE FLORIDA Change
			= Change

lf amendii	ng any other information, enter change(s) here: (Attach additional sheets, if	necessary.)	
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u. ,			
		-	
Note: If th	late, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days the date inserted in this block does not meet the applicable statutory filing requirements as effective date on the Department of State's records.	optional) after filing.) Pursuant to 605. , this date will not be liste	0207 (d as t
	specifies a delayed effective date, but not an effective time, at 12:0 th day after the record is filed.	01 a.m. on the earlie	er of:
JUN	IE 9 2015		AIG.
	,	95 J	ISIO SECT
-	Signature of a member or authorized representative of a member	JUN 15 CREJAR LLAHASS	とか
	Signature of a member of authorized representative of a member	<u> </u>	CO
<u>-</u>	STEVEN A. RENNICK, MGRM	P A	- R P (1
•	Typed or printed name of signee	8: 2 STATE ORICE	RA

Page 3 of 3

Filing Fee: \$25.00