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SECRETARY OF STATE OIVISION OF GORFORATIONS

Amund 03.27.15

COVER LETTER

TO: Registration Seconds Division of Corp			₽.
MB 9656	WMCNAB ROAD, LL	C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Henry Battagliola		
	- and the state of	Name of Person	
	MB Meadows on the	e Green, LLC	
		Firm/Company	
	12400 NW 78th Mar	nor	
		Address	
	Parkland, FL 33076		
	drhenrybattagliola@g	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Henry Battagliola		954 415-5202	
Name of	Person		Telephone Number
Enclosed is a check for th	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

MB 9000 W MCNAB RUAD, LLC	
(<u>Name of the Limited Ligh</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L13000152612	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and end with the words	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	9
(Mailing address MAY BE A POST OFFICE BOX)	90 #
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> idress here:
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	Cin. Zin 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =, Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Theresa Saffiotti	9656 W McNab Road	■ Add
		Tamarac, FL 33321	□ Remove
		-	D Add
			□ Add
			□ Remove
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filing:	(optional)
	nnot be more than 90 days after
2015	
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3	filing: to date of receipt or filed date and car artment of State) 2015 of a member or authorized represent

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Filing Fee: \$25.00