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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CHARM CONSULTING

Account Number : I20120000084

Phone Fax Number : (754)234-3393 : (954)302-1525

Enter the email address for this business entity to be used for ferire annual report mailings. Enter only one email address please.

Email Address:

imartinez @ charm realty com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MEDINAH 2906, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

EFFECTIVE DATE

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Registration Section
	Division of Corneration

MEDINAH 2906 LLC SUBJECT: 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:

Name of Person	
CHARM CONSULTING LLC	
Firm/Company	
1825 MAIN STREET	
Address	
WESTON FL 33326	
City/State and Zip Code	
martinez@charmrealty.com	
E-mail address: (to be used for future annual report no	tification)

For further information cond

ISABEL MARTINEZ 384-4106 Name of Person 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 & Ccrtified 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 ARTICLES OF ORGANIZATION **OF**

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	12-8-14
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POMPANO BEACH EL 330	
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POMPANO BEACH, FL 330	069
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New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 Chap er 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I here were Firm that the limited liability company has been notified in writing of this change.

1825 MAIN STREET

City

WESTON

If Changing Registered Age re of New Registered Agent

Enter Florida street address

Florida 33326

Page 1 of 3

MGR = Manager

AMBR - Authorized Member

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:

<u>Title</u>	Name	Address	Type of Action
AMBR	RIOS, JUAN J.	1120 S POWERLINE RD	■ Add
_		POMPANO BEACH, FL 33069	Remove
MGR	MEDINAHPROP SERVICE	HUNKINS WATERFRONT PLAZA	
		556 MAIN STREET	■ Remove
	•	CHARLESTON, NE 000000NE	
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Page 2 of 3

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D. If amending any other information	on, enter change(s) here: (Attach additional s	heets, if necessary.)	
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E. Effective date, if other than the of (The effective date must be specific, cannot the date this document is filed by the Flori	t be prior to date of receipt or filed date and eannot be mor	(optional) than 90 days after	
Dated DECEMBER 08	, 2014	·	
	Val.		
JUAN	J. 1205	nember	
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00