

LIY600118184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

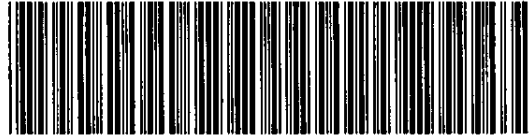
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 17 2014

SimpleFilings.com

4049 Pennsylvania Ave., Suite 100, Kansas City, MO 64111
phone: (866) 762-1012 | fax: (866) 687-7779
e-mail: llcinc@SimpleFilings.com

Greetings,

Enclosed is an LLC application for amendment. We have enclosed the filing fee, the application, and a self-addressed stamped envelope. Please return confirmation to us in the self-addressed stamped envelope so that we may retain a copy in our customer's file and forward one on to our customer. Please feel free to call us at 866-659-5241 with any questions you may have.

Sincerely,



LLC Formation & Incorporation Filing Department
<http://www.SimpleFilings.com/llcinc>

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MBL Home Delivery & Installation LLC

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:

Kimberly Johnston

Name of Person

Simplefilings.com

Firm/Company

4049 Pennsylvania Ave Ste 100

Address

Kansas City, MO 64111

City/State and Zip Code

llcinc@simplefilings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Johnston

866 659-5240 ext 208
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

MBL Home Delivery & Installation LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 28, 2014 and assigned Florida document number L14000118184.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 ADDRESS)

4301 NW 171 Street

Miami Gardens, FL 33055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4301 NW 171 Street

Miami Gardens, FL 33055

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Mitchell Lee

New Registered Office Address:

4301 NW 171 Street

Enter Florida street address

Miami Gardens

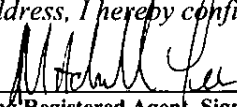
City

, Florida

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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>	<u>Type of Action</u>
AMBR	Mitchell Lee	4301 NW 171 Street	<input checked="" type="checkbox"/> Add
		Miami Gardens, FL	<input type="checkbox"/> Remove
		33055	
MMBR	Belinda Sweeting	17211 NW 46th Ave	<input type="checkbox"/> Add
		Miami Gardens, FL	<input checked="" type="checkbox"/> Remove
		33055	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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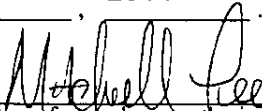
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 26, 2014



Signature of a member or authorized representative of a member

Mitchell Lee

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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