

10/15/2014

Division of Corporations

# L14000148365

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DOROT & BENSIMON  
Account Number : I20140000091  
Phone : (305)921-9421  
Fax Number : (305)395-3978

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

Email Address: info@doretbensimon.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIDED B1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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14 OCT 16 PM 12:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

OCT 17 2014  
A. LUNT

H 14000 242142 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MDED B1, 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:

**DATAN DOROT**

Name of Person

**DOROT & BENSIMON PL**

Firm/Company

**2775 SUNNY ISLES BLVD SUITE 118**

Address

**NORTH MIAMI BEACH, FL 33160**

City/State and Zip Code

**info@dorotbensimon.com**

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

For further information concerning this matter, please call:

**Datan Dorot**

Name of Person

at **(305) 921-9421**

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)

☐ \$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

FILED  
2014 OCT 16 AM 10:38  
TALLAHASSEE, FL 32301

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#14000242/423

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DEMID W942, 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 9/23/2014 and assigned  
Florida document number L14000148365.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20515 EAST COUNTRY CLUB DR#548MIAMI, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20515 EAST COUNTRY CLUB DR#548MIAMI, FL 33180

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City Zip 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

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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>
MGR	JALLER, ALFONSO	CALLE 61 #50-124	<input type="checkbox"/> Add
		ATLANTICO, BARANQUILLA	<input checked="" type="checkbox"/> Remove
		BQ 08001 OC	
MGR	JALLER CABALLERO, ALFONSO J	20515 EAST COUNTRY CLUB DR	<input checked="" type="checkbox"/> Add
		#548	<input type="checkbox"/> Remove
		MIAMI, FL 33180	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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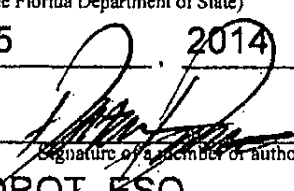
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 15, 2014

  
Signature of a member or authorized representative of a member

DATAN DOROT, ESQ.

Typed or printed name of signee

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2014 OCT 16 AM 10:38  
CLERK OF DISTRICT COURT  
JANUARY

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