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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

AUG 25 2010 T SCHROEDEF

COVER LETTER

TO: Registration Se Division of Cor			
ALE TO SELECTE	Mo	4, LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>M://i</u>	Medrano Name of Person	
	Mo	4 LCC Firm/Company	
	5620 S.	Stenling Ran	ch Dr
	Davie	e, FL 3331	<u> </u>
	Millie E-mail address: (1	City/State and Zip Code Medrano (2) Ya o be used for future annual report north	ho. wm
For further information e	concerning this matter, please ca	ılt:	
JHGJHGJKHGKKK	Millie Medran	m at (796) 4/7 - 9	4004
Name o	d Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

Mo4.	LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	5620 S, Ster Davie, FC 33	
Name of New Registered Agent:		18 A SECH FALLA
	<u> </u>	5 2 E
New Registered Office Address:	Enter Florida street address	一倍数 0 F
	, Florida _ 	The Codes
New Registered Agent's Signature, if changing Registered Agent:		19 19
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	to act in this capacity. I further a orformance of my duties, and I am ovided for in Chapter 605, F.S. O	gree to comply with the familier with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		1464 SW 97Way Davie FC 33324	tremove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or m Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.			
document's effective date of the Department of State S (ecolus).		on the ear	rlier of:
he record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.			
he record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.			
he record specifies a delayed effective date, but not an effective t			

Page 3 of 3

Filing Fee: \$25.00