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COVER LETTER

	istration Sec ision of Corp			
SUB IECT		entures PDQ, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Aline Agliano		
			Name of Person	
		Medallion Ventures PDQ,	LLC	
			Firm/Company	
		4201 W Cypress St		
			Address	
		Tampa, FL 33607		
			City/State and Zip Code	
		aline@amprop.com	to be used for future annual report notific	
For further in	aformation co	ncerning this matter, please ca	•	zation)
Aline Agliar		neorning and matter, preade of	813 854-2211 Ext	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling 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)

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·TO:

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

Medallion Ventures PDQ, LLC					
(Name of the Limited Liab) (A Flori	ility Company as it now appears оп о da Limited Liability Company)	ur records.)			
The Articles of Organization for this Limited Liability	Company were filed on 02/02/20	015	_ and a	ssigne	ed
Florida document number L15000019579	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability company here:				
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	tion "LLC" or the abbre	eviation "	L.L.C.	"
Enter new principal offices address, if applicable:			7		
(Principal office address MUST BE A STREET ADD	ORESS)			ان <u>ح</u>	- EVETTE
			<u> </u>	<u>₹</u>	nu
			69년 64년 64년	Ö	4 A 550'120
Enter new mailing address, if applicable:			- الراس الراضا	<u></u>	T. F.
(Mailing address MAY BE A POST OFFICE BOX)	••••	i	600 957 202	des -	H
			<u> </u>	<u>က</u> သ	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, <u>enter th</u>	e name	<u>e of 1</u>	the nev
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida str	eet address			
	Circ	, Florida	Zip Cod		
	City		zip Cod	e	

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Walsh 2005, LLC		Add
			■ Remove
			☐ Change
			Remove
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be p	minute data of filing	(op	tional)	405 N
Note: If the date inserted in this block does not meet the ap	plicable statutory	filing requirements, the	his date will not b	e listed
document's effective date on the Department of State's reco	ords.			
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ne record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective	/e time, at 12:01	a.m. on the e	ariiei
,				
Dated, 2015				
				_
Signature of a member or a				

Page 3 of 3

Filing Fee: \$25.00