

215000030124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

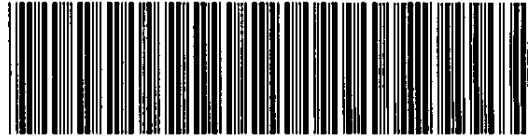
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Seneca Jones <sup>2015</sup>  
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Office Use Only



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03/25/15--01022--023 \*\*43.75

FILED  
15 APR 28 PM 1:52  
SERIAL 1417 DE STATE  
TALLAHASSEE, FLORIDA

APR 27 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MDA Realty  
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:

Joan Newman  
Name of Person

MDA Realty  
Firm/Company

7061 W Commercial Blvd Suite 5C-F  
Address

Tamara FL 32319  
City/State and Zip Code

Rands accounting services a14tmail.07  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Newman at (754) 222-8960  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

*Already  
Paid  
amount  
Cannot wait for  
Rejection Letter*

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2015

JOAN NEWAN  
7061 W COMMERCIAL BLVD STE 5-C-F  
TAMARAC, FL 33319

SUBJECT: MDA REALTY LLC  
Ref. Number: L15000030124

RECEIVED  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

15 APR 27 AM 10:00

We have received your document for MDA REALTY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forma are enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 115A00007613

*Senora newan*

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

MDA Realty

(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 2/18/2015 and assigned Florida document number 1500030124.

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 "L.L.C." 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 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

City, Florida 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**

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	Tom Newman	7061 W Commercial Blvd 50-5	<input checked="" type="checkbox"/> Add
		Fort Lauderdale FL 33319	<input type="checkbox"/> Remove
Owner	Tom Newman	7061 W. Commercial Blvd 50-5	<input checked="" type="checkbox"/> Add
		Fort Lauderdale FL 33319	<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

15 APR 29 PM 11:58  
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SECRETARY OF STATE

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

I need to change the MGRM  
Joan Newman to OWNER  
IN ORDER TO ADD OUR BROKER

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 22, 2015, April.

Joan Newman

Signature of a member or authorized representative of a member

Joan Newman

Typed or printed name of signee

FILED  
15 APR 28 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA