L15000030124

	(Requestor's Name)	
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PICK-UF	(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ed Copies Certificates of Status Cial Instructions to Filing Officer:	
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Office Use Only



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June 29, 2015

JOAN NEWMAN 7061 W COMMERCIAL BLVD SUITE 5C&F TAMARAC, FL 33319

SUBJECT: MDA REALTY DIVISION OF R AND S ACCOUNTING AND

MANAGEMENT CO

Ref. Number: L15000030124

We have received your document for MDA REALTY DIVISION OF R AND S ACCOUNTING AND MANAGEMENT CO and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 715A00013577

COVER LETTER

ΓO:	Registration Se Division of Cor		Mary Land Mary 1997 1	
SUBJEC	MDA Real			
JUDUL			ited Liability Company	
-				
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	t
		Joan Newman		
			Name of Person	
		R and S Accounting Mana	gement Co	
			Firm/Company	
		7061 West Commercial Bl	vd Suite 5C&F	
			Address	
		Tamarac FL 33319		
			City/State and Zip Code	
		joan@randsacctmanagemen		· · · · ·
For furth	er information c	oncerning this matter, please ca	to be used for future annual report notifiall:	ication)
Michael	Newman		754 222-8960 at ()	1
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.i	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

MDA Realty LLC	l					
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)					
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/18/2015	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company here:					
MDA Realty Division of R and S Accounting and Management "LLC	.,					
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	7061 W Commercial Blvd					
(Principal office address MUST BE A STREET ADDRESS)	Suite 5C & F					
	Tamarac, FL 33319					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		r the name of the new				
New Registered Office Address:	Enter Florida street address	0 0 0				
	. Florida	58 800				
	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

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

Title	<u>Name</u>	Address	Type of Action		
MGR	Raquel Medina	7061 W Commercial Blvd Ste 5C&	Add		
•			■ Remove		
			Change		
MGR	James Wood	7061 W Commercial Blvd Ste 5C&	Add		
·			Remove		
			☐ Change		
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Page 3 of 3

Filing Fee: \$25.00