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SECRETARY OF STATE

By Butter

# **COVER LETTER**

Div	ision of Corp	orations			
SUBJECT:	MDR AVIA	TION LLC			
Beby Le 1.		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Mig	yel J. Rosenfeld Name of Person		
		MD	Aviation LLC Firm/Company		
		2600	SW 3 Awnve, S	rite 820	
			Aiami, FL 33129 City/State and Zip Code	<del></del>	
		E-mail address: (t	iaveli rosen feld @ grobbe used for future annual report north	mail.com Flore JAN - 1	- T.
For further in		ncerning this matter, please ca		IN - 7 ASSET	
	Migre Name of I	1 J. Rosenteld Person	at ( <u>305</u> ) <u>632 - 5</u> Area Code Daytime	e Telephone Number 12 = 1	Ü
Enclosed is a	a check for the	following amount:			*
□ \$25.00 F	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	

TO:

**Registration Section** 

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

MDR	AVI	ATI	ON	11	C

( <u>Name of the Lim</u>	ited Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{02/19}{2}$ .	/2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here	:
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of	-	7-77
Name of New Registered Agent:	Miguel J. Rosenfeld	SON INCOME.
New Registered Office Address:	2600 SW 3 Avenue, Suite 850	
		street address
	Miami City	Florida 33129 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
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The	90th day after th	e record is filed	1.				
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Dated	December	17	_,	-///			
		Signature of	a member or auth	oriz d representati	ve of a member		
		Digitaluic in .	a member or aren-				

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee