

LE5000129640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

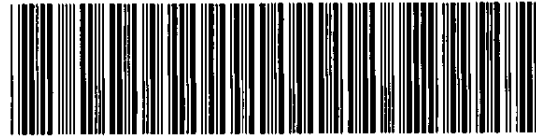
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15 AUG 31 PM 2:54

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TALLAHASSEE, FLORIDA

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15 AUG 31 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2015

MARIBEL GARCIA
3921 NW 5 STREET
MIAMI, FL 33126

SUBJECT: MG & MD INVESTMENTS II, LLC
Ref. Number: L15000129640

We have received your document for MG & MD INVESTMENTS II, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for MG & MD INVESTMENTS II, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 515A00018590

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TALLAHASSEE, FLORIDA

RECEIVED
15 SEP 25 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MG & MD INVESTMENTS II, LLC

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:

MARIBEL GARCIA

Name of Person

MG & MD INVESTMENTS II, LLC

Firm/Company

3921 NW 5 ST

Address

MIAMI, FLORIDA, 33126

City/State and Zip Code

normary02@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIBEL GARCIA

305 776-4750
at ()

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
15 AUG 31 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MG & MD INVESTMENTS II, LLC

(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 07/28/2015 and assigned
Florida document number L15000129640.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

N/A, Florida

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.

N/A
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>	<u>Type of Action</u>
MGR	MARIBEL GARCIA	3921 NW 5 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MARIELSY DIAZ	3921 NW 5 ST	<input type="checkbox"/> Add
		MIAMI, FLORIDA, 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA

15 AUG 31
SECRETARY OF
THE ARMY
WASHINGTON, D.C.

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AUG 31 PM 4:59
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated N/A, N/A

MARIBEL GARCIA

Filing Fee: \$25.00