

L15000159046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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01 JAN 27 P 12:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

S Warren

JAN 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

MR 321 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

~~IF REQUESTING CERTIFICATE OF STATUS, PLEASE CHECK THE FOLLOWING BOXES:~~

MARIA RAMDEEN
Name of Person

MR 321 LLC
Firm/Company

450 NE 20TH ST, SU 102
Address

BOCA RATON FL 33431
City/State and Zip Code

ramseyrob@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA RAMDEEN
Name of Person

561 577-3616
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

~~FOR ADDITIONAL FILING FEE~~

~~FOR ADDITIONAL FILING FEE~~

~~FOR ADDITIONAL FILING FEE~~

~~FOR ADDITIONAL FILING FEE~~

☒ 25.00
Filing Fee

Certificate of Status

Certified Copy

(additional copy is enclosed)

Certificate of Status &

Certified Copy

(additional copy is enclosed)

REGISTRATION SECTION
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REGISTRATION SECTION
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

MR321 LLC

(NAME OF THE LIMITED LIABILITY COMPANY AS IT NOW APPEARS ON THAT RECORD.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/18/2015 and assigned Florida document number L15000159046

I HEREBY AMEND AS FOLLOWS TO ARTICLE TWO FOLLOWING:

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 designation "LLC" or the abbreviation "L.L.C."

ENTER NEW PRINCIPAL OFFICE 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)

registered agent and/or the new registered office address here:

Name of New Registered Agent:

ENTER NEW REGISTERED OFFICE ADDRESS

Enter Florida street address

, 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.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

by authorizing authorized persons) 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>TYPE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>TYPE OF ACTION</u>
ASST. MGR.	RAMDEEN	7842 MANOR FOREST LANE	☐ Add
	RABINDRANATH	BOYNTON BEACH, FL 33436	☒ Remove
			☐ Change
			☐ Add
			☐ REMOVE
			☐ Change
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Change
			☐ Change

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011 11 17 P 12-15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
☐ Change

[illegible]

(If an alternative data is listed the data must be specific and cannot be going to data of future or more than 90 days after the date of the report.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

January 23rd, 2017

Maria Ramdeen

Signature of a member or authorized representative of a member

MARIA RAMDEEN

317 MAY 27 P 12:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

DEED