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FO: Registration Se Division of Cor	ction	COVEREETTER	
MRAD PH SUBJECT:	ASE I, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MICHAEL NIEDERST		
		Name of Person	
	NM RESIDENTIAL, LLC		
	<u> </u>	Firm/Company	
	151 SOUTHHALL LANE	SUITE 150	
		Address	
	MAITLAND, FL 32751		
	MNIEDERST@NMRESID	City/State and Zip Code ENTIAL.COM	
	E-mail address: (to be used for future annual report notific	ation)
For further information e	oncerning this matter, please ca	all:	
LINDSAY KOBB		-++0 331-8800 x11 at ()	
Name o	f Person	Area Code Daytime	Felephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	ions
Tallah	assee, FL 32314	2661 Executive Cent Tallahassee, FL 3230	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MRAD PHASE I, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{09/30/2015}{2015}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	151 SOUTHHALL LANE		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 150		
	MAITLAND, FL 32751		
Enter new mailing address, if applicable:	151 SOUTHHALL LANE		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 150		
	MAITLAND, FL 32751		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SUITE 150		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	NM RESIDENTIAL, LLC		
New Registered Office Address:	151 SOUTHHALL LANE, SUITE 150		
	Enter F	lorida street address	
	MAITLAND	, Florida ³²⁷⁵¹	
	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 domainent 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.

σ If Changing Registered Agent, Stenature of New Registered Agent 0 Page 1 of 3

• If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added • <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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MGR MICHAEL NIEDERST 151 SOUTHHALL LANE D Add SUITE 150 Remove MAITLAND. FL.32751 Change D Add Remove MAITLAND. FL.32751 Change D Add Remove	<u>Title</u>	<u>Name</u>	Address	Type of Action
Image:	MGR	MICHAEL NIEDERST	151 SOUTHHALL LANE	🗋 Add
Change			SUITE 150	
Image:			MAITLAND. FL 32751	Change
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• D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

OCTOBER 1	2017		
Dated	At Mart		
	Signature of a spender or authorized representative of a member	 	
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MICHAEL NIEDE	RST	NON	-11
	Typed or printed name of signee	ω	=
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	Page 3 of 3	င္သာ	
	Filing Fee: \$25.00	-	