Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MADRIDIAM, LLC

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Corporate Filing Menu

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MAR 1 5 2016

3/14/2016

COVER LETTER

TO:	Registration Sec Division of Corp				
AT 153.7	MADRID	AM, LLC			
SUBJ	Name of Limited Liability Company				
The er	nclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please	retum all correspon	idence concerning this matter	to the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
		Firin/Company			
		100°W. Broadway.Suite-100			
			Address		
		Glendale, CA 91210			
			City/State and Zip Code		
		charlie@madridiam.com	to be used for future annual report not	(figure)	
For fu	irther information co	encerning this matter, please of			
Imel	da Vasquez		323 962-8600°c	ext 7950	
	Name, o	Person.	Area Code Daytin	e Telephone Number	
lancio	sed is a check for th	e following amount:			
C \$2	25.00 Filing Fee	S30.00 Filing Ecc & Certificate of Status	S55.00 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

MADRIDIAM, LLC		
(Name of the Limited Liabili (A Florida	ty Company as It now appear a Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability C Florida document number L16000002801		/2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the fim	ited liability company he	<u>re</u> :
Madridiam Consulting, LLC		
The new name must be distinguishable and end with the words "Li	mited Liability Company," the	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	ress <u>here</u> :	our records, enter the name of the new
New Registered Office Address:		
New Registered Office Address: Enter Florida street address		
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	•	Zip Code

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the tide, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Citle</u>	Name.	Address	Type of Action
			🗖 Add
			□ Remove
			· · · · · · · · · · · · · · · · · · ·
			☐ Add
			Pemove
			□ Remove
			☐ Remove
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			Add Add Person D
			CRECKE Add Add Add Add Add Add Add Add Add Ad
			F ST →

o;	Page 6 of 6	3/14/2016 7:27:22 AM PDT	13239628300 From: Amanda Sando
	D. If amending any other	information, enter change(s) here: (Attach additional sho	eets, if necessary.)
	(The effective date most be spe	than the date of filing: cific, cannot be prior to date of receipt or filed date and cannot be more to date of State)	(optional) han 90 days after
	Dated Feb 24	, 2016	
		maria I Raffay	
		Signature of a member or authorized representative of a me	nber

Mariadelmar Iglesias Raffay
Typed or printed name of signee

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Filing Fee: \$25.00

2016 HAR IN A 7: 52
ECRETARY OF STATE

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