116000037524

(Requestor's Name)
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COVER LETTER

TO:	Registration Se Division of Cor		e a				
CHID IL	MDLMI, I	J.C					
SUBJE	<u></u>	Name of Lim	ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		NELSON DE LA NUEZ					
			Name of Person		-		
		MDEMI, LLC		_		تم د ا	
			Firm/Company			FC.	
		10158 HART BRANCH C	CIRCLE				
			Address				; Y (
		ORLANDO, FLORIDA 3.	2832			či ⊳	
			City/State and Zip Code		- 2•	Ψ.	
		ndelanuez@drymailbox.cor	n to be used for future annual report notifi	cation)			
For fur	ther information c	concerning this matter, please of	·	carion)			
Nelsor	n De La Nuez		321 693-4650				
	Name o	f Person	Area Code Daytime	Telephone Number	T		
Enclose	ed is a check for t	he following amount:					
□ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Statu		

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

MDLMI, LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Torida document number L16000037524	Company were filed on February 2	23, 2016 and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADD	<u>PRESS)</u>	· · · · · · · · · · · · · · · · · · ·
		ά <u> </u>
nter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or reg egistered agent and/or the new registered office ad		records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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

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
MGR	Mostafa S. Dehdashti	7306 SW 34th St #1-278, Amarillo, Texas 79121	■ Add
			☐ Remove
			□ Add
			Remove Change
			☐ Change
			>□Remove
			χ. ☐ Change
	<u></u>		
			☐ Remove
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`ffectiv	date, if other than the date of filing: (optional	n		
i'an effe	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	ig.) Pursu		
	the date inserted in this block does not meet the applicable statutory filing requirements, this da 's effective date on the Department of State's records.	te win n	ot be itsi	iteo as
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	, on th	ne earli	ier o
1	ovember 02 2018			
Dated _				

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee