

L16000084648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

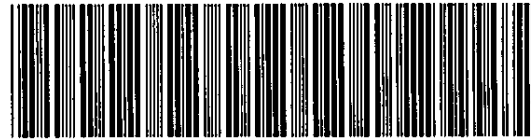
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 06 2017
J. SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MTD 721, 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:

DIRGNY, CLEMENTE

Name of Person

MTD 721, LLC

Firm/Company

11251 NW 20TH STREET SUITE 119

Address

MIAMI FL 33172

City/State and Zip Code

dccl2007@gmail.com

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

For further information concerning this matter, please call:

Dirgny, Clemente

Name of Person

305 at ()

Area Code

4369702

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

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

MTD 721, 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 05/03/2016 and assigned
Florida document number L16000084648.

This amendment is submitted to amend the 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 offices address, if applicable:

11251 NW 20th Street Suite 119 Miami, FL 33172

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

11251 NW 20th Street Suite 119 Miami, FL 33172

(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:

New Registered Office Address:

11251 NW 20th Street Suite 119

Enter Florida street address

Miami, FL

City

Florida

State

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>	<u>Type of Action</u>
AMBR	Luis, Hernandez	11251 NW 20th Street Suite 119	<input type="checkbox"/> Add
		Miami FL 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Dirgny, Clemente	11251 NW 20th Street Suite 119	<input type="checkbox"/> Add
		Miami FL 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

17 SEP -5 AM 7:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated August 30, 2017

- DocuSigned by:

Signature of a member or authorized representative of a member

Dirgny, Clemente

Typed or printed name of signee