

U6000114087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900286982659

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32304
JUN 27 PM 12:39

06/28/16--01016--026 **60.00

2016 JUN 27 PM 11:25
JUN 29 2016

JUN 29 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

MDQDNY 16 LLC

SUBJECT: _____
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:

MARIE G. ANTEOLA

Name of Person

Firm/Company

P.O. BOX 961541

Address

MIAMI, FL 33296-1541

City/State and Zip Code

BOUNCEGROUP16@YAHOO.COM

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

16 JUN 27 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARIE G. ANTEOLA 310 801-7982

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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**

MDQDNY 16 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 6/13/2016 and assigned
Florida document number L16000114087

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NYNJ 16 LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

25232 SW 122 COURT

HOMESTEAD, FL 33032

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 961541

MIAMI, FL 33296-1541

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:

MARIE G. ANTEOLA

New Registered Office Address:

25232 SW 122 COURT

Enter Florida street address

HOMESTEAD

Florida 33032

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>	<u>Type of Action</u>
AP	ANTEOLA, MARIE G	P.O. BOX 961541	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33296-1541 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ANTEOLA, MELISSA MARIE G	P.O. BOX 961541	<input type="checkbox"/> Add
		MIAMI, FL 33296-1541 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	DOUBY, QUINCY	P.O. BOX 961541	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33296-1541 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 JUN 2 PM 11:39
16 JUN 2 PM 11:39
16 JUN 2 PM 11:39

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 JUL 61 1 11 PM

15 JUL 67 PM 12:39

100-200000

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JUNE 20 2016

M. Antlov

Signature of a member or authorized representative of a member

MARIE G. ANTEOLA

Typed or printed name of signee