

LIUOOL 335

(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



800299971708

06/16/17--01002--004 \*\*25.00

STATE OF MASSACHUSETTS  
DEPARTMENT OF REVENUE

2017 JUN 15 PM 1:34

FILED

JUN 14 2017  
11:00 AM

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MWR DAVID LLC (L16000200338)  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**P. TRISTAN BOURGOIGNIE**  
\_\_\_\_\_  
(Contact Person)

**TRISTAN BOURGOIGNIE, P.A.**  
\_\_\_\_\_  
(Firm Company)

**5975 SUNSET DRIVE, #603**  
\_\_\_\_\_  
(Address)

**SOUTH MIAMI, FL 33143**  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**T. BOURGOIGNIE** at ( **305** ) **2000350**  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

MWR DAVID, 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 10/31/2016 and assigned Florida document number L16000200338.

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 "LLC."

Enter new principal offices address, if applicable: \_\_\_\_\_

*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: \_\_\_\_\_

*(Mailing address MAY BE A POST OFFICE BOX)*

FILED  
2017 JUN 15 PM 1:34  
CLERK OF THE STATE  
OF FLORIDA

**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: \_\_\_\_\_

*Enter Florida street 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>	<u>Type of Action</u>
MGR	SERGE LAFITTE	900 WEST AVENUE #939	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIAMI WORLD RENTAL, LLC	1100 WEST AVENUE UNIT 1026	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DEPARTMENT OF STATE  
 OFFICE OF THE SECRETARY  
 1000 PENNSYLVANIA AVENUE  
 WASHINGTON, DC 20520-5000  
 TEL: 202-462-5000  
 FAX: 202-462-5000  
 WWW.STATE.GOV

2017 JUN 15 PM 1:34  
 FILED  
 Change  
 Add  
 Remove  
 Change

