## 116000218311

(Re	questor's Name)	
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## COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	IB Porsche I	901, LLC ited Liability Company			
	Amendment and fee(s) are sub	_			
	Marga	rta Beliak Name of Person	<del></del>		
	c/o Andr	Firm/Company	<u> </u>		
		Llins Ave #106			
	Sunny	City/State and Zip Code	FL 33160		
	E-mail address: (	for farrlaw. 1	tification)	7 <b>~</b> 2	
For further information c	oncerning this matter, please ca	all:		SEC.	
Andre	WTarr	at ( <u>305</u> ) <u>97</u> Area Code Dayti	4-012	2016 DEC THE SECRETARY ALLAHASSE	ה ה ר
Enclosed is a check for th				Y OF STATE SEE, FLORID	ָר ר
	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee Certificate of Sta	÷, >> <b></b>	

MAILING ADDRESS: Registration Section

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MB Porsche 1901, LLC

(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company	were filed on December 1, 2016 and assigned
Florida document number <u>L16000218311</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
MB PDT 1901, LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same/ no amondment
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	same/ no amondment
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off	ice 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:	re/ro amendment
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address
	, Florida 🔀 💆 🗁 📑
	City Zip out C
New Registered Agent's Signature, if changing Registered Agent:	SE SE
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 p accept the obligations of my position as registered agent as pr	erjormance of my duties, and I am familiate the and
being filed to merely reflect a change in the registered office a	
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

<u>Name</u>	Address	Type of Action
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier.) The 90th day after the record is filed.	of:
Dated December 13 , 2016  Signature of a member or authorized representative of a member	
Andrew D. Tarr Esq. Typed or printed name of signee	

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