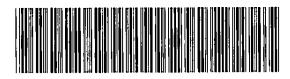
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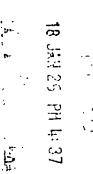
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

	istration Sec ision of Corp					
SUBJECT:	MADELEN CELIS DP LLC.					
Name of Limited Liability Company						
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return	all correspon	dence concerning this matter to	o the following:			
		MADELEN CELIS				
			Name of Person			
		MADELEN CELIS DP LLC	Ü			
			Firm/Company			
		10974 NW 72 TERR				
		- · · · · · · · · · · · · · · · · · · ·	Address			
		DORAL FL 33178		s		
		CACACINADA I GUNTANA	City/State and Zip Code			
		CASASDORAL@HOTMAL E-mail address: (to	be used for future annual report notific	ation)		
For further in	formation co	ncerning this matter, please cal	N;			
MADELEN (CELIS		786 262-6230			
	Name of	Person	at () Area Code ——Daytime T	Celephone Number		
Unabound is a	aboat for the	Sallarving amount:				
\$25.00 Fi		: following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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, F1, 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

MADELEN CELIS DP LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	<u>Js.</u>)		
The Articles of Organization for this Limited Liability Company	were filed on 02/17/2017	and assigned		
Florida document number L17000038875				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
MADELEN CELIS LLC.				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	."" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		- B		
(Principal office address MUST BE A STREET ADDRESS)				
(Frincipal office data is most ble A STREET ADDICESS)		20		
		···		
		· ፲ ·		
Enter new mailing address, if applicable:	•	٠٠٠٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ		
(Mailing address MAY BE A POST OFFICE BOX)		<u>ا ــــــــــــــــــــــــــــــــــــ</u>		
		, iv.		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		s, enter the name of the new		
New Registered Office Address:				
	Enter Florida street address			
	ce address on our records, enter the name of the new Enter Florida street address			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agra	ee to act in this capacity. I fu	irther 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date must be	ate of filing	zannut ba prior	to date of liling	or more than 90 de	(optional)	Purcuant to 6	15 0207
te: If the date inserted in this bloc rument's effective date on the Dep	k does not me	eet the applica	able statutory	filing requirement	its, this date w	ill not be lis	ited as
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JANUARY 22		2018	1	N			
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Typed or printed name of signee

Filing Fee: \$25.00