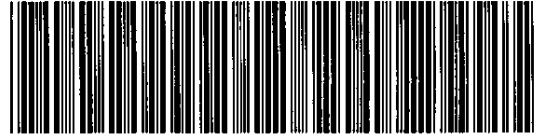


L1700084456



600298343756

04/27/17--01029--022 \*\*55.00

(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

FILED  
17 APR 27 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren  
APR 28 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MG88 Doral Cold Storage 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:

David Podein, Esq. for Haber Slade, P.A.

\_\_\_\_\_  
Name of Person

Haber Slade, P.A.

\_\_\_\_\_  
Firm/Company

201 South Biscayne Boulevard, Suite 1205

\_\_\_\_\_  
Address

Miami, Florida 33131

\_\_\_\_\_  
City/State and Zip Code

dpodein@dhaberlaw.com

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

For further information concerning this matter, please call:

David Podein, Esq. for Haber Slade, P.A.

305 379-2400  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$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, 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**

MG88 Doral Cold Storage 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 04/14/2017 and assigned Florida document number L17000084456.

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:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(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: \_\_\_\_\_

*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

FILED  
MAR 27 PM 3:44  
STATE  
SECRETARY OF  
FLORIDA

**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	Mandich Doral Management, Inc.	3129 Matilda Street	<input checked="" type="checkbox"/> Add
		Miami, Florida 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Mandich	16101 NW 54th Avenue	<input type="checkbox"/> Add
		Miami Lakes, Florida 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Nicholas Mandich	16101 NW 54th Avenue	<input type="checkbox"/> Add
		Miami Lakes, Florida 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Mark Mandich	16101 NW 54th Avenue	<input type="checkbox"/> Add
		Miami Lakes, Florida 33014	<input checked="" 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

17 APR 23 PM 3:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILED**

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: April 25, 2017 (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 April 25, 2017

Signature of a member or authorized representative of a member

David Podein, Esq. for Haber Slade, P.A.

Typed or printed name of signee

17 APR 27 PM 3:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED