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COVER LETTER

TO: Régistration Se Division of Cor			
SUBJECT:	MD Four LLC		
3000ECT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Clara	SayiS Name of Person	
	CMO	Four LLC Firm/Company	
	1180 11th Ave	Address Address	
		ch Florida 3.	
	MSC Davi E-mail address: (54500 @ a mail. C	CM ification)
For further information of	oncerning this matter, please ca	all:	
Clara Dan	(S		6341 me Telephone Number
Name	reson	Area Code Dayin	ic relegation reliabel
Enclosed is a check for th	ne 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)
	ING ADDRESS:	STREET/COUR	
Registration Section Division of Corporations		Registration Section Division of Corpo	
	ox 6327 issee, FL 32314	Clifton Building 2661 Executive Co	enter Circle
· anana	10000, 1 to 1101/1 t	Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMD Four	
(Name of the Limited Liability Company as it to (A Florida Limited Liability of A Florida Limited Liability of A Florida Liability of A F	ом appears on our records.) Сшпралу)
The Articles of Organization for this Limited Liability Company were fi Florida document number <u>Li7000116076</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," 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:	14.88 A S S S S S S S S S S S S S S S S S S
(Mailing address MAY BE A POST OFFICE BOX)	
<u>-</u>	7.
	80. 80.
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	dress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Ciņ	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1
I hereby accept the appointment as registered agent and agree to accept of all statutes relative to the proper and complete performaccept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	nance of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this document is
If Changing Re	istered Agent, <u>Signature of New Registered Agent</u>

Page 1 of 3

	ling Authorized Person(s) authorized to ed from our records:	manage, <u>enter the ti</u>	tle, name, and address	of each person being added
	Manager - Authorized Member			
<u>Title</u>	Name	Address		Type of Action
m4R_	Clara Davis	1180 114	Ave Sw	™ Add
		Vero R	pecch Florida	35962 - Remove
				☐ Change
				
				Remove
				Change
				O Add
				□ Remove
				Change
				□ Add
			.=	Remove
				Change
				☐ Remove
			.	Change
				Add
				Remove
				Change

f amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
•	
	
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fective date, if other than the date of filing: $7 - 25$	- 17 (optional)
an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicab	
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not. The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
The John day differ the record is med.	
ared Aula 25 2017	
ated <u>July</u> 35 . 2017	- '
ated July 25 . 2017 Lay Daws Signature of a member or authori	
Signature of a member or authori	ized representative of a member
Clam Nove	
Clara Davis Typed or printed	name of signee

Page 3 of 3

Filing Fee: \$25.00