

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : MARLOWE & WEATHERFORD, P.A.
Account Number : I20020000088
Phone : (407) 629-5008
Fax Number : (407) 740-0310

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ehbergman10@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MLEEB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2017 SEP 18 PM 2:42

STATE OF FLORIDA
TALLAHASSEE

SEP 18 2017
17:11

17 SEP 18 AM 8:49

Electronic Filing Menu

Corporate Filing Menu

SEP 19 2017
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((H17000245134 3))
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MLEEB, 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 August 4, 2017 and assigned
Florida document number L17000166776.

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)

3822 Winderlakes Drive

Orlando, FL 32835

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

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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	Emily H. Bergman	3822 Winderlakes Drive	<input type="checkbox"/> Add
		Orlando, FL 32835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 SEP 6 10:08 AM
MARLOWE WEATHERFORD

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(((H1.7000245134 3)))

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

18 SEP 16 AM 8:45
18 SEP 16 AM 8:45

E. Effective date, if other than the date of filing: September 18, 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)(h)

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.

(b) The 90th day after the record is filed.

Dated September 18

2017

Signature of a member or authorized representative of a member

William P. Weatherford, Jr.

Typed or printed name of signee