117000192377

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COVER LETTER

TO: Registration Division of C			
MD REP	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	DAVID HERNANDEZ. C	PA	
		Name of Person	
	DHCPA INC		
		Firm/Company	·····
	8725 NW 18TH TERRAC	E SUITE 302	
		Address	
	DORAL, FL 33172		
	DUDNIANDEZ ODUĆBA	City/State and Zip Code	
	DHERNANDEZ@DHCPA E-mail address: (to be used for future annual report noti	fication)
For further information	n concerning this matter, please ca	all:	
DAVID HERNANDE	Z, CPA	305 707-8007	
Nam	e of Person	at ()	e Telephone Number
e ilita a be	d & Harring arrange		
■ \$25.00 Filing Fee	r the following amount: \$\Boxed\$\$ \$\$\\$30.00 \text{ Filing Fee &}\$\$\$\$\$	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
■ \$25,00 Fining Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
r/			
/ Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tullahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MD REP LLC				
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on or Liability Company)	ur records.)	
the Articles of Organization for this Limited Lia lorida document number L17000192377		were filed on <u>09/15/20</u>	17	and assigned
his amendment is submitted to amend the follo	wing:			
. If amending name, enter the new name of	the limited liab	ility company here:		
ND REP GROUP LLC				
he new name must be distinguishable and contain the wa	ords "Limited Liabi	lity Company," the designat	tion "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applica	ıble:	N/A	 -	. 2
Principal office address MUST BE A STREE	T ADDRESS)			. 5
inter new mailing address, if applicable:		N/A		PO 1 '
Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)			្ត ក្រុ
				• ,
3. If amending the registered agent and/or the new registered of New Registered Agent:			records, enter 1	the name of the
New Registered Office Address:	N/A			
		Enter Florida str	eet 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

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>	Address	Type of Action
N/A			
			☐ Remove
			□ Add
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ective date, if other than the effective date is listed, the date mu	date of filing:	he prior to date of filing or	(option:	al) ing) Pursuant to 60*
e: If the date inserted in this b	lock does not meet the	applicable statutory fili	ng requirements, this d	ate will not be list
ument's effective date on the D	epartment of State's re	ecords.		
record specifies a delayed he 90th day after the rec		ut not an effective	time, at 12:01 a.r	n. on the earli
ic sour day after the fet	ora is mea.			
	2017	,		
SEPTEMBER 28				. ^>
SEPTEMBER 28				C
ed	m(an	M		817 C
ed	M an	or authorized representative	e of a member	817 OCT
Ed SEPTEMBER 28 MARIO D DAMAS - A	Signature of a member	or authorized representative	re of a member	2817 007 24

Page 3 of 3

Filing Fee: \$25.00