

8/9/2018

L17000217399

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H18000232364 3)))



H180002323643ABC3

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To:
Division of Corporations
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Phone : (305)937-7773
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ML 18 LLC

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2018 AUG 13 AM 9:40

2018 AUG 13 PM 2:00

Electronic Filing Menu

Corporate Filing Menu

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AUG 14 2018

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ML 18 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 October 20, 2017 and assigned
Florida document number L17000217399.

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 "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3720 N 53RD AVE

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FL 33021

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:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida

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>	<u>Address</u>	<u>Type of Action</u>
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 08/03/2018 (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 August 3 2018



Signature of a member or authorized representative of a member

MOSHE LEVY

Typed or printed name of signer

2018 AUG 13 PM 2:00



August 10, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ML 18 LLC
5140 SW 40TH AVE
APT 2C
FT LAUDERDALE, FL 33314

SUBJECT: ML 18 LLC
REF: L17000217399

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

THE SIGNATURE PAGE IS TOO DARK TOO READ

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III
Registration Section

FAX Aud. #: H18000232364
Letter Number: 818A00016491

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