## 117000225382

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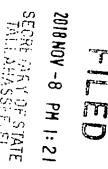
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## **COVER LETTER**

ro:	Registration Sec Division of Cor		•			
	MIATODE					
SUBJEC	CT:	Name of Lim	ited Liability Company	-4:		
•						
The encl	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Dan Maza				
			Name of Person			
		MIATODET LLC				
1521 ALTON RD., - Suite #539						
		Address				
		MIAMI BEACH, FL 33139				
		City/State and Zip Code				
		DanMaza@miamirealestatetrends.com				
		E-mail address: (	to be used for future annual report notif	ication)		
For furth	ner information e	oncerning this matter, please ca	all:			
Dan Ma	aza		954 232-9762 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	d is a check for th	ne following amount:				
<b>□</b> \$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:

TO:

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

FILED

2018 NOV -8 PM 1:21

MIATODET LLC (Name of the Limited Liability Company as it now appears on our records INC (AFI) UF STATE (A Florida Limited Liability Company) (ALL AHASSEF, FI The Articles of Organization for this Limited Liability Company were filed on 10/31/2017 and assigned Florida document number  $\frac{L17000225382}{}$ 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: (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

## 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

\_\_\_, 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>	Address	Type of Action
MGR	William D. Lautman	100 Crescent Court	
		7th Floor	Remove
		Dallas, TX 75201	☐ Change
MGR	M2D Holdings, LLC	100 Crescent Court	Add
		7th Floor	□ Remove
		Dallas, TX 75201	Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
			Change
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Effective date, if other than the	a date of filing: Acc	ust 15,201	8 (optional)	
If an effective date is listed, the date mu	ist be specific and cannot be pri	or to date of filing or more th	m 90 days after filing.) Pursuant to 60	05.0207
Note: If the date inserted in this b document's effective date on the I			irements, this date will not be lis	sted as
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The 90th day after the rec		iot an enective time,	at 12.01 a,m. on the can	iici oi
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Dated November 1	2018			
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	H/102			
	Senature of a mumber or on	thorized representative of a r	nember	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00