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		COVER LETTER	
TO: Registration Division of C			
SUBJECT:	MDAD'S LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	condence concerning this matter	to the following:	
	RICHAR	D Johnson Name of Person	
	LON DA	D'S LLC Firm/Company	
	560 DZ, MA	RY MCLEOD BETALLA	IE BLVD
	DAYTOUA BE	ACH FLURTDA 3211 City/State and Zip Code	4
	RICK JOHN 92	City/State and Zip Code 3. Converse Converse Converse Converse Converse Converse Converse Code Code Code Code Code Code Code Cod	
For further information	concerning this matter, please co	all:	
KICHA	RD JOHNSONI	at (<u>386</u>) 315 —	0140
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 enclo

MAILING ADDRESS:

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

LONDAD'S LLC	<u> </u>		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on		and assigned	
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 I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		101 S	
(Principal office address MUST BE A STREET ADDRES:	<u>S)</u>	ECR SION	
		955 1055 1055 1055 1055 1055 1055 1055 1	
Enter new mailing address, if applicable:		Y OF S CORPOR	
(Mailing address MAY BE A POST OFFICE BOX)		99 AIR	
	 -	9 2 2	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida _	7	
New Degistered Agent's Signature if changing Degistered Ag	·	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 Title **Address** Name **Type of Action** ROBERT D. MOBLEY 355 So MARTON LUTHER KING BUD X Add AMBR DAYTONIA BEACH, FL 32114 Remove ☐ Change □ Add _□ Remove □ Change □ Add □ Remove _□ Change □ Add _□ Remove _□ Change ☐ Remove ☐ Change □ Add _□ Remove _□ Change

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f an ei	tive date, if other than the date of filing:	605.020	07
	nent's effective date on the Department of State's records.	nsicu a	15
			_
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eae 90th day, after the record is filed.	rlier (10
	4/11/12 1 1/1		
Dated			
	Mulary		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00