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I. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TAT Investment Holdings LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Iron Family Holdings
101 Hudson St. Suite 2700
Tersey City NJ 07302  City/state and Zip Code  terrence mclean lieg 360.com  E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Terrence McLean at (212) 207-3399  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filin
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

TAT INVES	TMENT	HOLDING	i S	LLC			
( <u>Name of the Limited Li</u> (A Flo	ability Company orida Limited Lia	as it now appears ability Company)	on our i	ecords.)			
Florida document number		rere filed on	anuc	ry 29,2	<u>'0  8</u> a	nd assig	ned
This amendment is submitted to amend the following	g.						
A. If amending name, enter the new name of the	limited liabili	ity company her	<u>ге</u> :				
MDK INVESTMENT HO	LDINGS	LLC	<del></del>				
The new name must be distinguishable and contain the words	*Limited Liability	y Company," the de	signation	"LLC" or th	e abbreviat	ion "L.L.	C."
Enter new principal offices address, if applicable:	:					<del></del>	
Principal office address MUST BE A STREET AL	DDRESS)				• 2	EST A	
							<u> </u>
						1	
Enter new mailing address, if applicable:					<u> </u>	<u> </u>	<del></del>
Mailing address MAY BE A POST OFFICE BOX	2				1		
						155	
						-22	
B. If amending the registered agent and/or registered agent and/or the new registered office a			our re	cords, <u>ent</u>	er the n	iame of	f the new
registered agent and/or the new registered office.	addiess nere.						
Name of New Registered Agent:		<u> </u>					
New Registered Office Address:			<u>.</u>				
		Enter Florid	da street	address			
<u> </u>		····		_, Florida		Code	
		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 Type of Action <u>Address</u> Title Name | □ Add \_\_\_ 🗆 Remove □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add Remove \_\_ Change □ Ādd □ Remove ☐ Change □ Add

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Page 3 of 3

Filing Fee: \$25.00