118000176681

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

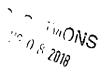
Office Use Only



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COVER LETTER

Div	ision of Corp			
SUBJECT:	MDRC PR	OPERTIES LLC		
		Name of Limi	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		YAHINA CAROLYN FAN	IA VARGAS	
			Name of Person	
		MDRC PROPERTIES LL	LC	
			Firm/Company	
		190 4TH AVE		
			Address	
		HOLTSVILLE, NY 11742	2	
			City/State and Zip Code	
		TIMLORITO@GMAIL.CO		
			to be used for future annual report notific	action)
For further is	nformation co	oncerning this matter, please co	ill:	
YAHINA C	AROLYN FA	NA VARGAS	929 431-0555	
	Name of	Person	at () Area Code Daytime '	Telephone Number
Enclosed is a	a check for th	e following amount:		
≡ \$25,00 F	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

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

MDRC PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(7.1 K/Kiii Ellinee I	ismanny company)	
The Articles of Organization for this Limited Liability Company	were filed on JULY 23, 2018 and assigned	
Florida document number L1800176681	7.66 18	
This amendment is submitted to amend the following:	ility company here:	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the absreviation" L.L.C."	
Enter new principal offices address, if applicable:	190 4TH AVE	
(Principal office address MUST BE A STREET ADDRESS)	HOLTSVILLE, NY 11742	
Enter new mailing address, if applicable:	190 4TH AVE	
(Mailing address MAY BE A POST OFFICE BOX)	HOLTSVILLE, NY 11742	
registered agent and/or the new registered office address her Name of New Registered Agent:	_	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

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>	Type of Action
MGMR	CHET FINKBEINER	3505 VETERANS HWY	
		SUITE D	■ Remove
		RONKONKOMA, NY 11779	Change
MGMR	YAHINA FANA VARGAS	190 4TH AVE	Add
		HOLTSVILLE, NY 11742	Remove
			Change 3. And Change 1. And Ch
			☐ Remove
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	JULY 26, 2	2018
fective date, if other than in effective date is listed, the date	e must be specific and cannot be prior	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0.
	nis block does not meet the applic he Department of State's records.	able statutory filing requirements, this date will not be listed
eminent is effective date (in)	ne isepartinent is suite a record.	•
record specifies a dela	ayed effective date, but no	ot an effective time, at 12:01 a.m. on the earlier
The 90th day after the		·
JULU 26	2018ــ	
ited	——————————————————————————————————————	<u> </u>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00