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D SCOTT

JUN 27 2019

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations		
		PORTS, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MARISOL CALLE ORTE	z .	
			Name of Person	
		M & D EXPORTS, LLC		2870 JUN 26
			Firm/Company	A CHILL
		15113 SW 110 TERRACE		26
			Address	
		MIAMI, FL 33196		1000 H
			City/State and Zip Code	37 00
		DANNITAR	20 @ hotmail. Con	n
		E-mail address: (to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please c	all:	
MARISOL	CALLE ORT	TIZ.	786 271-1630	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
S25.00 I	Filing Fec	☐ \$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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	on
		issee, FL 32314	2661 Executive C	

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ARTICLES OF AMENDMENT

1+19000 197693 ARTICLES OF ORGANIZATION

OF

M & D EXPORTS, LLC

(Name of the Limited I	iability Company as it now ap lorida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liabi Florida document number L18000234610	lity Company were filed on	10/03/2018	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	c limited liability compan	y here:	
N/A			
The new name must be distinguishable and contain the words	i "Limited Liability Company," i	<u>.</u>	
Enter new principal offices address, if applicabl	e: <u>N/A</u>		
(Principal office address MUST BE A STREET A	(DDRESS)		€ N 1
			ST. D
Enter new mailing address, if applicable:	N/A		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	e address here:	on our records, <u>enter</u>	the name of the r
-	City	, Florida _	Zip Çode
New Registered Agent's Signature, if changing Reg	•		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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 adder or removed from our records:

H19000 197693:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUIS A. PELAEZ POLOCHE	15113 SW 110 TERRACE MIAMI, FL 33196	Add
			Remove
			Change
			DbA 🗆
			Ramave
			☐ Change
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Effective date, if other than t	he date of filing:		(optional)
fun effective date is listed, the date	must be specific and cannot be pricable the appli	or to date of filing or more than icable statutory filing requir	90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
ne record specifies a delay The 90th day after the r	ed effective date, but necord is filed.	ot an effective time, a	at 12:01 a.m. on the earlier o
Dated	2019		
Panna	RODVIGUEZ Signature of a member or aut	·	
	Signature of a member or aud	horized representative of a me	mber
DANNA RODRIGU	FZ MGR		

Page 3 of 3

Filing Fee: \$25.00

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