## L18000242043

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(Business Entity Name)
(business Entity Name)
(Document Number)
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S. YOUNG

## COVER LETTER

TO:

Registration Section

Division of Cor	porations		
WildCard 2	2001 LLC		
SUBJECT:			*
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Idora Hegel Mrcela		
		Name of Person	
	WildClard 2001 LLC		
		Firm/Company	<u> </u>
	5415 Saddlebrook Way		
		Address	
	Wesley Chapel, FL 33543		
	idora@daleasa.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
ldora Hegel Mrcela		310 920-2455	
	f Person	at () Area Code Daytin	Takan Manka
Name o	i Person	Area Code Dayun	ne refeptione samber
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
		Co. a A I I a co	
<u>Mailing Addres</u> Registration 5		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee, l			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILDCARD 2001 LLC

( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		çü.
A. If amending name, enter the new name of the lin	nited liability company here:	0
MRCELA DEVELOPMENT LLC		
The new name must be distinguishable and contain the words "Li-	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del> -	
B. If amending the registered agent and/or register agent and/or the new registered office address here:		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street c	
	Enter Florida street i	RIUFESS
		_, Florida
	City	гар с оче

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	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
<del></del>			
			Remove
			Change
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			□Remove
		-	□Change
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ctive date, if other than the da effective date is listed, the date must be 11 the date inserted in this block iment's effective date on the Depar	specific and cannot be pr does not meet the app	licable statutory tīling	(option or than 90 days after the grequirements, this	iling.) Pursuant to 605.0
ord specifies a delayed effective da filed.	e, but not an effective.	e time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after t
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