

48000255438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

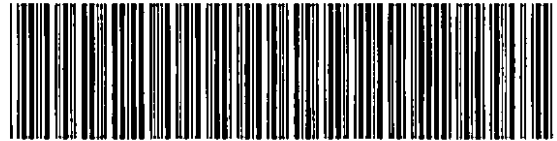
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200322194772

12/27/18--01008--010 **25.00

RECEIVED

DEC 26 2018

2018 DEC 26 A 3:05

FILED

D. SCOTT

JAN 8 2019

Indy Pines, LLC

P. O. Box # 260433

Miami, FL 33126

Ph: 214-597-7548

December 20, 2018

FL Dept of State
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Request to Add a member

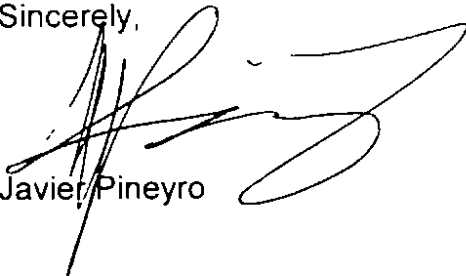
To whom it may concern:

The form attached is a request to add a member (Indy Pines, LLC, an Indiana LLC -EIN # 82-1428154) to MTFF, LLC (a FL LLC, Doc # 18000255438).

Also, attached is the Bank of America Check # 448 for \$25 covering the Filing fees.

I really appreciate your prompt processing, and consideration to this request.

Sincerely,



Javier Pineyro

FILED
2018 DEC 26 AM 3:08
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MTF, 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:

Alfredo Hooker

Name of Person

DCH Properties, LLC

Firm/Company

1692 SW 159th Avenue

Address

Pembroke Pines, FL 33027

City/State and Zip Code

dchpropertiesfl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfredo Hooker

954 699-9412
at ()

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 enclosed)

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

2018 FEB 26 A 3:06
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MTFF, LLC

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

The Articles of Organization for this Limited Liability Company were filed on October 31st 2018 and assigned Florida document number L18000255438.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

City

Florida N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Indy Pines, LLC	P.O.BOX # 260433 Miami, FL 33126	<input checked="" type="checkbox"/> Add
		N / A	<input type="checkbox"/> Remove
		N / A	<input type="checkbox"/> Change
		N / A	<input type="checkbox"/> Add
		N / A	<input type="checkbox"/> Remove
		N / A	<input type="checkbox"/> Change
		N / A	<input type="checkbox"/> Add
		N / A	<input type="checkbox"/> Remove
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		N / A	<input type="checkbox"/> Remove
		N / A	<input type="checkbox"/> Change
		N / A	<input type="checkbox"/> Add
		N / A	<input type="checkbox"/> Remove
		N / A	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Handwritten signature across the lines.

FILED
2018 DEC 26 A. 3:06

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 20th, 2018

Signature of a member or authorized representative of a member

J. Rivera

Typed or printed name of signee