

L18000261314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

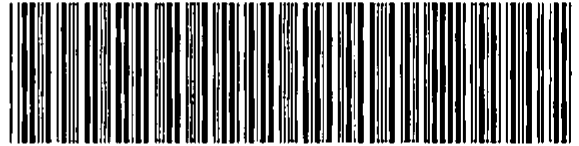
(Business Entity Name)

(Document Number)

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11.6.19  
2019 AUG -9 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 14 2019  
Clerk

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MD2YOU LLC

\_\_\_\_\_  
Name of Limited Liability Company

2010 AUG -9 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCELINA KLUK

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

PO BOX 620501

\_\_\_\_\_  
Address

ORLANDO FL 32862

\_\_\_\_\_  
City/State and Zip Code

GARYKISS2018@GMAIL.COM

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

For further information concerning this matter, please call:

MARCELINA KLUK

407 7473622

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

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

MD2YOU 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 11/07/2018 and assigned  
Florida document number L18000261314.

This amendment is submitted to amend the following:

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

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:**

13114 KILDEER RD

**(Principal office address MUST BE A STREET ADDRESS)**

WEEKI WACHEE FL 34614

**Enter new mailing address, if applicable:**

PO BOX 620501

**(Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO FL 32862

**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:

MARCELINA KLUK

New Registered Office Address:

5532 BELLEWOOD ST

*Enter Florida street address*

ORLANDO

*City*

Florida 32812

*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.*

*[Signature]*  
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>
MGR	GARY KISS	13114 KILDEER RD	<input type="checkbox"/> Add
		WEEKI WACHEE FL 34614	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MARY GAISER	1250 ASTORIA AVE	<input checked="" type="checkbox"/> Add
		CORAL GABLES FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

**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.

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

07/30/2019  
Signature of a member or authorized representative of a member

GARY KISS  
Typed or printed name of signee