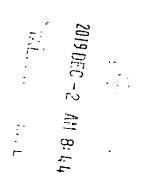
U8000 261314

Office Use Only



100337422051

12/02/19--01020--028 **25.00



C Kiusey

COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|--|--|--|
| SUBJECT: | MD2 | YOU LLC | | |
| SUBJECT. | Name of Lim | nited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | MAG | 2 CELINA KUIK | | |
| | | Name of Person | | |
| | | | | |
| | _ | Firm/Company | | |
| | | PO BOX 6205 | 501 | |
| | | 10 BOX 6205 Address | | |
| | 01 | PLANDO PL 3 | 2862 | |
| | | City/State and Zip Code | | |
| | gavy kiss | City/State and Zip Code 2018 (g. g. mon), Cu to be used for future annual report noti | 0 m | |
| For further information c | oncerning this matter, please c | | neation) | |
| | oneoning and matter, prease o | . | | |
| Name o | f Person | at () Area Code Daytim | a Talankana Mumbar | |
| Name o | i i Cisuli | Area Code Dayum | e reteptione (vuintoer | |
| Enclosed is a check for the | ne 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: | | Street Address: | | |
| Registration Section | | - | Registration Section | |
| Division of C P.O. Box 632 | | | Division of Corporations The Centre of Tallahassee | |
| Tallahassee, I | | | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited I | | | |
|---|-------------------------|----------------------------|---|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L18000261314</u> | were filed on | 107/2018 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| 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 Liabil | ity Company," the desig | gnation "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | 13114 | KILDEER | RD |
| Principal office address MUST BE A STREET ADDRESS) | | WACHEE | PZ 346/4 |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our reco | ords, enter the name of | 209 DEC -2 AS 8: 4: Of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida | street address | |
| | r. 6- 7- 1- 1 | , Florida | |
| Varu Davintanad Assatis Circators (5 short) - Davidson d Assati | Cîty | | 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> | Address | Type of Action |
|--------------|------------------|-----------------------|----------------|
| MGR | SHEREZA N ABDOOL | 13114 KILDEER RD | X \/\dd |
| | | WEEKI WACHEE FL 346 | 2/4⊓Remove |
| | | | □Change |
| MGR | GARY KISS | 13114 KILDEER RD | □Add |
| | | WEEKI WACHEE FL 34614 | Remove |
| | | | □Change |
| AMBR | MARY GAISER | 1250 ASTORIA AVE | □Add |
| | | CORAL GABLES F1 3313 | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | ~ | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |

Page 2 of 3

| - | |
|------------------------|--|
| _ | |
| | |
| _ | |
| | |
| | |
| | |
| _ | |
| | |
| _ | |
| | |
| _ | |
| _ | |
| _ | |
| _ | |
| | |
| _ | |
| _ | |
| (If an effe Note: 1 | ve date, if other than the date of filing: 11012019 (optional) ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records. |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated _ | 11/01/2019 |
| | |
| | Signature of a member or authorize the presentative of a member |
| | |