L19000000574

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Name)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:

Office Use Only



000329930810

05/30/19--01021--013 **100.00

SCORETARY OF STAIL FALLAHASSEE, FLORIDA

FILED

JUN 17 2019 T SCHROEDER

COVER LETTER

	Registration Se Division of Cor			•
SUBJEC	MRC44 PI	LLC		
SUBJIA.		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Debra Slifkin		
		· · · · · ·	Name of Person	
			Firm/Company	
		3801 PGA Blvd, Suite 600)	
			Address	- \
		Palm Beach Gardens, FL 3	33410	
		debraslifkin@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furthe	er information c	oncerning this matter, please co	all:	
Debra Sl	ifkin		561 312-6534	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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

MRC44 PLLLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/26/2018 and assigned
Plorida document number L19000000574	
his 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 I	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	<u>s</u>
	2. G
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	The state of the s
	· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or registere egistered agent and/or the new registered office address	ed office address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address Florida City Zip Code

If Changing Registered Agent, Signature of New 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 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	Romie Chaudhari	8616 La Tijera Blvd, Suite 103	
	-	Luchardo Chippolis	
		Los Angeles, CA 90045	Remove
			Change
MGR	Marc Roberts	PO Box 9200	
		Jupiter, FL 33468	
			Remove
			□ Change
			60 6
			Y 3 ORemove
			Remove
			Sin Change O
			□ Add
			□ Remove
			Change
			🗖 Remove
			Change
			
			□ Remove
			Change

		<u>-</u>					
						 -	
							
					···		
	-						
				<u>.</u>			
			<u> </u>				
					Ç		
				<u></u>		9	
			<u>.</u>		—— <u>2.7</u> 行列	~	7
					<u> </u>	30_	=
					<u> </u>	3_	
					医医	== ===================================	******
					, S m	0	
Effective date, if other than the fan effective date is listed, the date im Note: If the date inserted in this bedocument's effective date on the I	ist be specific and ca block does not med	innot be prior to et the applica		more than 90 day			
ne record specifies a delaye The 90th day after the re	d effective dat cord is filed.	te, but not	an effective	time, at 12	:01 a.m. or	the e	arlier d
·		2010					
·		2019					
·		2019 >	_ ·				
Dated May 28	Signature of a me	>					_

Page 3 of 3

Filing Fee: \$25.00