LA00000 8802

(Requestor's Name)				
<u> </u>	(Address)			
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	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
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JAN 28 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MDB Petroleum LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
AKIL VISTAE Name of Person
Focus 9 Enterprises LLC
2728 Enterprise Rd. Ste 200
Orange City FL 32763 City Size and Zip Code Orange City FL 32763 City Size and Zip Code Orange City FL 32763 City Size and Zip Code Orange City FL 32763
Elmail address, (to be used for future annual report notification)
For further information concerning this matter, please call:
Akil Visitael at 384 359-9900 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount.
□ \$25.00 Filing Fee

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 Chele Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MDB Patro	deium 110	2019 JAN 17 PM 4: 45
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our ned Liability Company)	TALLA TASSEF, FI
The Articles of Organization for this Limited Liability Comp.	pany were filed on	7 2019 and assigned
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 I	Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our re here:	ecords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		. Florida
	Cin	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TV Guy LLC	6965 Piazza Grande Ave.	
		Suite 302	Remove
		Orlando, FL 32835	☐ Change
AMBR	Marius Boyd	6965 Plazza Grande Ave	Add
		Suite 30a	□ Remove
		Orlando, FL 32835	🗆 Change
 .			
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
	*··		D Add
			□ Remove
			Change
		– – –	□ Remove
			Change

NA	
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<u>-</u>	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more a Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	(optional) han 90 days after filing.) Pursuant to 605,0201 (3 χ b) quirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time (b) The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
Dated	member
Marius Boud Typed or printed name of signee	

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Filing Fee: \$25.00