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08/22/19--01018--008 **25.00



DIVISION	Corporations		•
SUBJECT: M&D F	ELSEA, LLC		
		ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	C. DOUGLAS FUGE		
		Name of Person	
		Firm/Company	
	3132 Casseekey Island Roc	ad	
	Jupiter, FL 33477	Address	
	cdf16@aol.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please c	all:	
C. DOUGLAS FUGI	E	at (917) 817-4065	
Na	me of Person	Area Code Daytime	: Telephone Number
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	e \$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

T0:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 8/6/2019	and assigned
Florida document number L19000198985		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	A	2019 S€C
(Mailing address MAY BE A POST OFFICE BOX)		
		2
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, enterore:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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

MGR = Manager AMBR = Authorized Member

Title MGR	Name MICHAEL WHEATLEY	Address 3132 CASSEEKEY ISLAND RD., JUPITER, FL 33477	Type of Action □ Add
			■ Remove
	MICHAEL WHEATLEY	3136 CASSEEKEY ISLAND RD.,	Change
AMBR		JUPITER, FL 33477	□ Add
		Remove	
			Change
		Remove	
		Change	
			
	<u> </u>	Remove	
		Change	
		Add	
		Remove	
		Change	
		Remove	
			☐ Change

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E Effactiv	re date, if other than the date of filing: (optional)
(If an effe	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)
<u>Note:</u> i	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docume	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:
(b) The	90th day after the record is filed.
	Aug. 16 2019
Dated _	1949ust 10,0011.
	August 16,2019.
	Signature of a member or authorized representative of a member
	C. DOUGLAS FUGE
	Typed or printed name of signer

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Filing Fee: \$25.00