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## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: MDC REALW Name of Limited	Grap LLC	
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.	
Please return all correspondence concerning this matter to	the following:	
MAri	Name of Person	
	Firm/Company	
5705 G	and Sonata	- Ave
	1 33558	
MArlo SELI E-mail address: (to b	City/State and Zip Code  S TUMPA Q GN e used for future annual report notification)	rail com
For further information concerning this matter, please call:		
MAYLO LANEY Name of Person	at (213) 440 -/5 Area Code Daytime Telepho	SS( one Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\sum \text{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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	I GYDUP LL(  ny as it now appears on our records.)  iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{\angle 19000269970}$	were filed on 1012812W9	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Property Sol.  The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the	abbreviation "L.L.C."  Sonctu Au 33552
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same as a	boul
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	PH 2: 3
<del></del>	, 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 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
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Dated _	FEL	25	<u> </u>	001.			
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