## L19000275452

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #	9
PICK-UP	MAIT WAIT	MAIL
(Busin	ess Entity Name	·)
(Docu	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to File	ng Officer:	

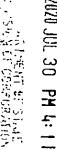
Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

MBD FAB	LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Philip M Ballard		
		Name of Person	<del></del>
	MBD FAB LLC		
		Firm/Company	
	6140 Edgewater Dr, Suite	J	
		Address	
	Orlando, FL 32810		
		City/State and Zip Code	
	mbdfabr@gmail.com		
		to be used for future annual report not	ification)
For further information e	concerning this matter, please c	all:	
Mike Ballard		407 545-1010	
Name o	d Person	Area Code Daytin	ie Telephone Number
Enclosed is a check for th	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy) is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed:
Mailing Addres	is:	Street Address:	
Registration Section		Registration Se	
Division of Corporations		Division of Co	
P.O. Box 632		The Centre of T	
Tallahassee, l	r1. 52514	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MBD FAB LLC		
(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L19000275482  This amendment is submitted to amend the following:		and assigned T
A. If amending name, enter the new name of the limited liab	pility company here:	温を
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

## 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.

City

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	Cassandra Daniel	6140 Edgewater Dr, Suite J, Orlando, FL 32810	<b>≣</b> Add
			⊡Remove
			🗆 Change
			□Add
			□Remove
		***	🗆 Change
			□Add
			DRemove
			GChange
		-	DAdd
			□Remove
			□Change
<del></del>			DAdd
		□Remove	
			[]Change
			⊡Add
			ПРеточе
			□ Chance

<del></del>	
<u></u> .	
<ul> <li>Note: If the date inserted in</li> </ul>	nan the date of filing:
he record specifies a delayed ord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 23	2020
	Sign wife of a member or authorized representative of a member
Philip M Ballaro	
- minh wi canard	Typed or printed name of signee

Filing Fee: \$25.00