

220000 146896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

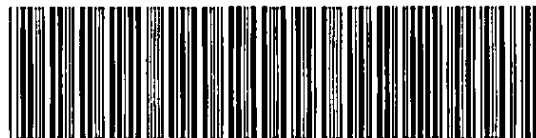
(Business Entity Name)

(Document Number)

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2020-06-16 PM 5:47

Amend  
Khanic chg

SEP 15 2020

J ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MDP CARPETRY & SERVICES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

T JAY VITARELLI, CPA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5220 S UNIVERSITY DR 110C

\_\_\_\_\_  
Address

DAVIE, FL 33328

\_\_\_\_\_  
City/State and Zip Code

jvitarelli@tjvcpa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

T JAY VITARELLI, CPA

954 252-7774  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2020

T. JAY VITARELLI  
5220 S. UNIVERSITY DR. 110C  
DAVIE, FL 33328

SUBJECT: MDP CARPETRY & SERVICES LLC  
Ref. Number: L20000146896

We have received your document for MDP CARPETRY & SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent can not sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 520A00015085



FLORIDA DEPARTMENT OF STATE 2020 JUL 25 10:15  
Division of Corporations

July 25, 2020

JAY

T. JAY VITARELLI  
5220 S. UNIVERSITY DR 110C  
DAVIE, FL 33328

SUBJECT: MDP CARPETRY & SERVICES LLC  
Ref. Number: L20000146896

We have received your document for MDP CARPETRY & SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 920A00013996

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2020 SEP 13 PM 5:47

MDP CARPETRY & SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/29/2020 and assigned  
Florida document number L20000146896.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

~~MDP CARPENTRY & SERVICES LLC~~

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

T JAY VITARELLI, CPA, P.A.

New Registered Office Address:

5220 S UNIVERSITY DR 110C

Enter Florida street address

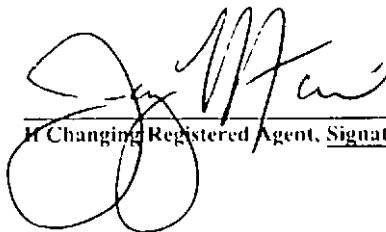
DAVIE, Florida 33328

City

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

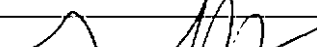


[illegible]


(If an effective 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)(b)

If the record 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.

ONE 4 2020

  
Signature of a member or authorized representative of a member

T JAY VITARELLI, CPA

  
Typed or printed name of signee

MARLIN D PERRA

**Filing Fee: \$25.00**