

12/4/23, 4:33 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L20000290818

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : 120170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MLCAPITAL REALTY, LLC**

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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STATE OF FLORIDA
CORPORATIONS

6710 111

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MLCAPITAL REALTY, 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:

MALOV, DMITRII

Name of Person

MLCAPITAL TRADE, LLC

Firm/Company

900 N FEDERAL HWY STE 306

Address

HALLANDALE, FL 33009

City/State and Zip Code

malov 1981dmitry@icloud.com

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

For further information concerning this matter, please call:

MALOV, DMITRII

786 634-2100
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2023 DEC -4 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MLCAPITAL REALTY, 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 09/16/2020 and assigned
Florida document number L20000290818.

This amendment is submitted to amend the following:

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

MLCAPITAL TRADE, 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:

New Registered Office Address:

Enter Florida street address

City, 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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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(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) Note: If the date entered in this block does not meet the applicable statute, the filer must check the "Not Applicable" box.

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.

Dmitri Malov
Signature of a member or authorized representative of a member

MALOV, DMITRII
Typed or printed name of signee

Filing Fee: \$25.00