## 120000382367

| (Re                     | questor's Name)    |              |
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|                         | siness Entity Name | ,            |
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| Certified Copies        | _ Certificates o   | f Status     |
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| Special Instructions to | Filing Officer:    | j            |
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omend

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

| AR  |  | AMENDMENT   |                                    |
|---|--|---|------------------------------------|
| A D7  | =  | O<br>ORGANIZATION                                     | cords.)                            |
| ARI   |  | )F  |                                    |
|   |  | <b>71</b>   |                                    |
| MD WAY LLC  |  |   | 4                                  |
| (Name of the Lim  | nited Liability Comp<br>(A Florida Limited | any as it now appears on our re<br>Liability Company) | cords.)                            |
|   |  |   | (a)                                |
| he Articles of Organization for this Limited            | Liability Company                          | y were filed on                                       | and assigned                       |
| lorida document number L20000382367                     | <del></del> -                              |   |                                    |
| his amendment is submitted to amend the fo              | llowing:                                   |   |                                    |
| . If amending name, enter the new name                  | of the limited lies                        | hility company boro                                   |                                    |
|   | oi me nunteu nat                           | omey company here:                                    |                                    |
| N/A he new name must be distinguishable and contain the | words "Limited Link                        | ility Company " the decimation "                      | 11 C" or the approximation "LLC"   |
|   |  | _   | LEC of the abbreviation L.L.C.     |
| nter new principal offices address, if appl             | icable:                                    | N/A   | <del></del>                        |
| Principal office address MUST BE A STRE                 | ET ADDRESS)                                |   |                                    |
|   |  |   |                                    |
|   |  |   |                                    |
| nter new mailing address, if applicable:                |  | N/A   |                                    |
| Mailing address MAY BE A POST OFFICI                    | E BOX)                                     |   |                                    |
|   |  |   |                                    |
|   |  |   | <del></del> -                      |
| . If amending the registered agent and/or               | registered office                          | address on our records, er                            | ter the name of the new registered |
| romé amalian de a manus a                               | ess nere:                                  |   |                                    |
| gent and/or the new registered office addr              |  |   |                                    |
|   | N/A  |   |                                    |
| Name of New Registered Agent:                           | N/A  | <del></del>   |                                    |
|   | <del>.</del>                               |   |                                    |
| Name of New Registered Agent:                           | N/A  | Enter Florida street aa                               | ldress                             |
|   | N/A  | Enter Florida street ac<br>City                       | dress<br>, Florida<br>Zip Code     |

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> | Name            | Address  | Type of Action                                     |
|--------------|-----------------|--|--|
| MGR          | ANISIM TALAMBAT | 305 N Pompano Beach blvd apt 802 Pompano beach | F. <b>L</b><br><b>⊞</b> Add<br><b>5</b> ~ <b>1</b> |
|              |                 |  |  |
|              |                 |  | _  |
| MGR          | IRINA TALAMBAT  | 305 N POMPANO BEACH BLVD APT 802 Pompa         | ne<br>□Add   |
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| Tective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block becument's effective date on the Department. | does not mee                                 | t the applicat | date of filing or<br>ble statutory fi | more than 90 da   | (optional)<br>ys after filing.) Pu<br>its, this date wil | rsuant to 605.0207 (<br>I not be listed as t |
| record specifies a delayed effective d<br>is filed.   | ate, but not an                              | effective tim  | ee, at 12:01 a.n                      | n. on the earlier | of: (b) The 90   | Oth day after the                            |
| December 18th   |  | 2020           | _ •                                   |                   |  |  |
|   | H  | ief            |                                       |                   |  |  |
| Sig   | nature of a men                              | ber or author  | ized representat                      | ve of a member    | <del></del>  | <del></del>                                  |
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Filing Fee: \$25.00