L21000045634

(Requestor's Name)
(Àddress)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800384201158



MLAHASSEF FRANCE

RECEIVED

Anund Ch8

APR 01 2022

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$25.00 **AUTHORIZATION SIGNATURE:** L21000045634 GLOBAL EXCHANGE FLORIDA LLC (Business Name) Document Walk in Pick up time Will wait Mail out Photocopy **Certified Copy of Articles of Incorporation** Certificate of Status **AMENDMENTS** <u>NEW FILINGS</u> X Amendment Profit Not for Profit Resignation of R.A. Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other Conversion CORP **REGISTERATION/QUALIFICATIONS OTHER FILINGS** Annual Report ___ Foreign filing _Limited Partnership Reinstatement Fictitious Name Other APOSTIL() Country

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Sec Division of Corp				
	CHANGE FLORIDA LLC			
SUBJECT:	Name of Limit	ed Liability Company	A1197917049	
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	MARTIN E DELLOCA			
Name of Person				
	MDELL CONSULTING CO	ORP		
		Firm/Company		
	848 BRICKELL AVE STE	1130		
		Address		
	MIAMI, FL, 33131			
		City/State and Zip Code		
	MDELLOCA@MDELLCON	ISULTING.COM be used for future annual report notific	nation)	
For first or information on			atony	
	ncerning this matter, please cal	I.		
MARTIN E DELLOCA		305 607 3493 at ()		
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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

GLOBAL EXCHANGE FLORIDA LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company))
The Articles of Organization for this Limited Liability Compa	any were filed on 02/04/2021	and assigned
Florida document number L21000045634		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
MDELL PARTNERS LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
		202
		R T
Enter new mailing address, if applicable:		□ 50 -
Mailing address MAY BE A POST OFFICE BOX		707.
maning undress MAT BE A TOST OF TICE BOAT		SKO E
		mst .
B. If amending the registered agent and/or registered offi	ce address on our records, enter t	he name of the new register
agent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
· · · · · · · · · · · · · · · · · · ·	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.

me Dell'Oca

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>	Type of Action
MGR	MARTIN E DELLOCA	848 BRICKELL AVE	■Add
		STE 1130	□Remove
		MIAMI, FL, 33131	
AMBR	MARTIN E. DELLOCA	848 BRICKELL AVE	
		STE 1130	
		MIAMI, FL, 33131	□Change
MGR	MIA BIZ GROUP LLC	848 BRICKELL AVE	□Add
		STE 1130	■ Remove
		MIAMI, FL, 33131	□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
		<u> </u>	□Add
			□ Remove
			□ Change

f amending any other informat	ion, enter change(s) here: /	Attach additional sheets,	if necessary.)
	 		
			
			
			
			
 			
 			· · · · · · · · · · · · · · · · · · ·
- "			
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable	late of filing or more than 90 day e statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.02 its, this date will not be listed
record specifies a delayed effective I is filed.	date, but not an effective time.	, at 12:01 a.m. on the earlier	of: (b) The 90th day after th
31th March	2022		
	meQu	l'Oca	
	Signature of a member or authorize		
MARTIN E DELLOCA			
	Typed or printed n	iame of signee	

EN COE