422000121831

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	y (W)



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COVER LETTER

TO: Registration Se Division of Cor				
	ERTIES GROUP 1 LLC	• .	* ·	•
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	TEHILA LASRY	_		
		Name of Person		
	M.D PROPERTIES GROU	UP I LLC		
		Firm/Company		
	4840 SW 34th Ave			22 9
		Address		F F
	Fort Lauderdale FL 33312	!		22 SEP 12 PH
		City/State and Zip Code		
	davidefrat@hotmail.com	to be used for future annual report noti	(Continu)	3: 34
For further information c	oncerning this matter, please c	•	incationy	* ×
TEHILA LASRY		424 603-8241		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	ne 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 Fed Certificate of Sta Certified Copy (additional copy is e	atus &
Mailing Address		Street Address:	ection	
Registration S Division of C		Registration Se Division of Cor		
P.O. Box 632	.7	The Centre of T	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M.D PROPERTIES GROUP I LL				
(Name of the Limi	ted Liability Company as it not (A Florida Limited Liability Co	w appears on our records.) mpany)		
The Articles of Organization for this Limited L. Iorida document number L.22000121831	iability Company were filed	d on 03/24/2022 .	and assi	gned
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liability comp	pany here:	-	
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" or the	abbreviation "L.I	C."
Inter new principal offices address, if appli	cable:			
Principal office address MUST BE A STREI	ET ADDRESS)			
			2	12, 055
			SEP	ō;
Inter new mailing address, if applicable:			2	2.1.
Mailing address MAY BE A POST OFFICE	BOX)		<u></u>	0.0
			ယ့	
			ည္	<u> </u>
3. If amending the registered agent and/or gent and/or the new registered office addre		n our records, <u>enter the na</u>	ame of the new	≍ register
Name of New Registered Agent:	TEHILA LASRY			
New Registered Office Address:	4840 SW 34th Ave		·	
		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

Fort Lauderdale

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	TEHILA LASRY	4840 SW 34th Ave Fort Lauderdale FL 33312	□Add
			□Remove
		<u> </u>	≅ Change
AMNR	DAVID EFRAT	4470 W SUNSET BLVD STE 107 PMB 95824	□Add
			≣Remove
			□ Change
	·		🗆 Add
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recore is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dayed.	y after the
ated .	08/23/2022	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized more sentative of a member	
	Signature of a member or authorized representative of a member	

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