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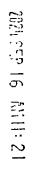
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COVER LETTER

TO: Registration Section **Division of Corporations** M&D INTEGRAL SERVICES LLC SUBJECT: Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CLAUDIA DIAS Name of Person M&D INTEGRAL SERVICES LLC Firm/Company 1354 FAIRFAX CIR E Address BOYNTON BEACH FL 33436 City/State and Zip Code comercial@mdintegralservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CLAUDIA DIAS Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$60 Filing Fee, ½ ■\$25 Filing Fee □ \$30 Filing Fee & ☐ \$55 Filing Fee &

CR2E055 (9/15)

Certificate of Status

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Certificate of Starus &~

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&D INTEGRAL SERVICES LLC		was and a
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our Clability Company)	recorus.)
The Articles of Organization for this Limited Liability Company lorida document number 1.23000029097	were filed on 01/13/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:	1861 NW SOUTH RIV	ER DR
Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33125	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	1861 NW SOUTH RIV	ER DR
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		, Florida Zip Code
	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 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>	Address	Type of Action
MGR	CAMILO MEDINA VILLEGAS	9308 SOMERSET BLVD APT 16	_ ≣ Add
		BELLFI.OWER CA 90706	_ □Remove
			_ □Change
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