

## L24 000 249 041

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO:

Registration Section

Divisi	ion of Cor	porations		
	ADBP SEF	RVICES LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Marlon D Burdet Jr		
			Name of Person	
		MDBP SERVICES LLC		
			Firm/Company	
		50 NE 59TH TER		
			Address	
		Miami, FL 33137		
			City/State and Zip Code	
		Mdbp.Service@gmail.com	to be used for future annual report noti-	fication)
For further info	ormation co	oncerning this matter, please ca	·	,
Marlon D Bur	det Jr		305 9938077 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fil	ing Fec	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi: Divis P.O.	Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MDBP SERVICES LLC	
( <u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	appears on our records.) nany)
The Articles of Organization for this Limited Liability Company were filed o	on 05/31/2024 and assigned
Florida document number L24000249041	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
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)	7.5. 7.5.
	<u></u>
Enter new mailing address, if applicable:	6)
Mailing address MAY BE A POST OFFICE BOX)	<del></del>
Maning address MAT BE A FOST OFFICE BOA	1.0
<del></del>	<del></del>
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	our records, enter the name of the new regis
	er Florida street address
	Florida

## 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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Marlon D Burdet Pineda	7592 SE DOVE ST	
		Hobe Sound, FL 33455	<b>≡</b> Remove
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		-	□Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the ap	prior to date of filing or mo plicable statutory filing	(optional) re than 90 days after filing, requirements, this date	) Pursuant to 605.0207 (3) will not be listed as the
he record specifies a delayed effective ord is filed.	e date, but not an effecti	ve time, at 12:01 a.m. o	n the earlier of: (b) Th	e 90th day after the
Dated	. 2024	·		
	Signature of a member or a	B.J.C	of a member	
<b>W</b> 1 <b>2</b> 225 2 2				
Marlon Daniel Burdet J	Γ			