P1600041359

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(02.		··· ···
(Doc	cument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



900306904419

12/28/17--01034--021 **85.00

74

DEC 2 7 2017.

OF 26 PH 2: 31

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MLB-AAA roperhes Corporations P16 000041359 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Matthew L. Bloom Name of Contact Person MuB-AAA forgarties Corporations Firm/Complany 10 Street Address Address Address Address Acad Code & Daytine Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Satisfication Satisfication Division of Corporations P.O. Box 6327 Tallahabase, Fl. 32314 Satisfication Street Address Annendment Section Division of Corporations P.O. Box 6327 Tallahabase, Fl. 32314 Satisfication Satisfication Division of Corporations Color	NAME OF CORPOR	ATION: MLB-1	AAA Properties	Corp_
Please return all correspondence concerning this matter to the following: Matthew L Bloom Name of Contact Person Multiple L Bloom Social Latter FU 33498 City/ State and Zip Code Status City/ State and Zip Code City/ S	DOCUMENT NUMB	er: P1601	0004/359	1
Name of Contact Person MLB-AAA froyArth's Corp Firm/Company 1 Obyt 2 Saint Thomas Drive Address Boca Latton, FL 33496 City/State and Zip Code Spidel 989 bellsorth, Ner E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Multipu L Bloom Name of Contact Person at 161 301-3057 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: State: State: Mailing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Mailing Address Atmendment Section Division of Corporations P.O. Box 6327 Chifton Building	The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Name of Contact Person Multiple	Please return all corresp	ondence concerning this ma	tter to the following:	
Name of Contact Person Multiple Mailing Address		Matt	tow L. BI	boun
Social Cutor, FU 33496 City/ State and Zip Code SpideR 989 & Dellsovth, Ner E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MuThw L Bloom	-		Name of Contact Person	1
Social Cutor, FU 33496 City/ State and Zip Code SpideR 989 & Dellsovth, Ner E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MuThw L Bloom	-	MLG	3- AAA fro	parties Corp
Social Cutor, FU 33496 City/ State and Zip Code SpideR 989 & Dellsovth, Ner E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MuThw L Bloom	1 Obx 2 Saint Thomas Drive			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MuThew L. Bloom			Address	_
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MuThew L. Bloom	_		sca Cutor, +	-6 33198
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MuThw L			•	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MuThw L		ς	Pider 9890)	bellsouth. Ner
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$35 Filing Fee & \$43.75 Filing Fee & \$543.75 Filing Fee & \$552.50 Filing Fee Certificate of Status (Additional copy is certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building				
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number State: \$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy (Certificate of Status (Additional copy is cerelosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Certified Copy (Additional Copy is enclosed) Certified Copy (Certified				
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee	For further information	concerning this matter, pleas	se call:	
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee	Muith	ew L. Bloom	at (, 301-3057
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Status Status Status Street Address Street Address Amendment Section Division of Corporations Clifton Building Street Address Clifton Building	Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) (Additional copy is Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed) (Additional Copy is enclosed) (Additional Copy is enclosed)	Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building	☑ \$35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	<u>Mail</u>	ing Address		
P.O. Box 6327 Clifton Building				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)
MCB-AAA Properties Corv	2 - P16000041359
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Fi its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	GORDANA (~)
MLB Funding name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	WA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	2: 31 2: 31
(Florida stree	t address)
New Registered Office Address:	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	
Signature of New Re	gistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustec; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change		NH	<u> </u>
		/	· · · · · · · · · · · · · · · · · · ·
Remove			
2) Change		_	
Remove			
3) Change			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
			<u></u>
Remove			
6) Change			
Add			
Remove			

amending or adding additiona tuch additional sheets, if necess			A		
		$\frac{\nu}{l}$			
			•		
<u> </u>		•			
				•	
		-			
an amendment provides for a provisions for implementing the	<u>e amendment if i</u>	assification, or ca not contained in t	ncellation of issu he amendment it	ed shares, self:	
(if not applicable, indicate N	"A) 1	1/A			
		7			

The date of each amendment(s) adoption: _	Jecan ber	21,2017	, if other than the
date this document was signed.			
Effective date if applicable:	Occumber 21, 2	2017	
	(no more than 90 days after ame	endment file date)	
Note: If the date inserted in this block does document's effective date on the Department of		iling requirements, this date wil	l not be listed as the
Adoption of Amendment(s)	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		s cast for the amendment(s)	
☐ The amendment(s) was/were approved by t must be separately provided for each votin			
"The number of votes cast for the am	endment(s) was/were sufficient for a	ipproval	
by	embed	<u></u> .	
(v	oting group)		
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors without shareho	der action and shareholder	
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder	action and shareholder	
Dated 12/21	117		
Signature	117 uttu L. M		
(By a director, pro- selected, by an in	esident or other officer – if directors corporator – if in the hands of a rece ry by that fiduciary)	river, trustee, or other court	_
	Markew	L. Hoom	
	(Typed or printed name of person s	signing)	
	fresident	٢	
	(Title of person signing	g)	