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SECRETARY OF STATE

J. BRYAN

DEC - 3 2010

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT:	МСТ	Realty LLC	,	
	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are su	·		
Picase feturii aii corres	pondence concerning in a matte	to the following.		
Carlos ThurdeKoos				
		Name of Person		
	. 	Firm/Company		10 D
E-mail address: (P O Box 691089		ODEC-2 MII: 09 SECRETARSEE, FLORIG
		Address		SSE TO
		Orlando, FL 32869		
		City/State and Zip Code info@mctgroup.us : (to be used for future annual report notification)		ORIO ORRIG
				- fra-e
For further information	concerning this matter, please	call:		
Car	los ThurdeKoos	at (407)	481-8530	
Name of Person		Area Code & Day	ytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	e of Status &
MAILING ADDRESS:		STREET/COL	URIER ADDRESS:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCT Re	alty LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our red Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company	y were filed onJanuary 1	1, 2008 and assigned		
Florida document number L0800004456				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here:			
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the des	ignation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		ASS 5		
(Principal office address MUST BE A STREET ADDRESS)		- FR - TI		
		77 7		
Enter new mailing address, if applicable:	P O Box 691089	SEE. H		
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32869	STATE OR		
		gr J		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida :	stroot address		
	, FI , FI	orida 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 608, 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 Changing Registered Agent, Signature of New Registered Agent

It amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action Address <u>Title</u> <u>Name</u> Carlos ThurdeKoos MGRM 2501 Trafalgar Boulevard Kissimmee, FL 34758 ☐ Add Remove MGR Luis A. Sosa-Lozano 2501 Trafalgar Boulevard Remove Kissimmee, FL 34758_ MGRM Luis A. Sosa-Lozano 2501 Trafalgar Boulevard Kissimmee FL 34758 ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article IV is hereby Amended ad follows: The LLC will be managed by Luis A. Sosa-Lozano and Member Hernan Parmer will have no authority to manage or make decisions for the LLC will have no authority to manage or make decisions for the LLC 11/29/2010 Dated __

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Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Carlos ThurdeKoos

Typed or printed name of signee