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To: Division of Corporations  
Fax Number : (850) 617-6393

From: Account Name : STEINBERG GARELLEK P.L.  
Account Number : 120110000015  
Phone : (561) 391-3344  
Fax Number : (561) 391-3326

*PLEASE give  
ORIGINAL Submission  
Date 1/13/2015*

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: SZG@STEINGARLAW.COM

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION**

**MPM FIVE LP**

Certificate of Status	1
Certified Copy	1
Page Count	03
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January 14, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MPM FIVE LLLP  
3900 GALT OCEAN DRIVE, #2617  
FORT LAUDERDALE, FL 33308

SUBJECT: MPM FIVE LLLP  
REF: A15000000016

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must also correct the LLLP suffix to LP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX And. #: E15000009987  
Letter Number: 815A00000827

RECEIVED  
15 JAN 14 AM 10:00  
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**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

**MPM FIVE LLLP**

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following certificate of correction.

**FIRST:** The reason for filing this certificate of correction is:

- ☒ The record contained false or erroneous information.  
☐ The record was defectively signed.

**SECOND:** This statement corrects

**CERTIFICATE OF LLLP**

Specify document type being corrected  
**JANUARY 8, 2015**

filed with the Florida Department of State on

Insert date document filed with Dept. of State

**THIRD:** The false or erroneous information or defect is as follows:

THE INITIAL FILING ERRONEOUSLY ELECTED TO BE A LIMITED LIABILITY  
LIMITED PARTNERSHIP. THE CORRECT NAME SHALL BE: MPM FIVE LP

**FOURTH:** The false or erroneous information or defect is corrected as follows:

THIS DOCUMENT DELETES THE ELECTION TO BE A LIMITED LIABILITY  
LIMITED PARTNERSHIP.

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