

L010000018986

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- MCP UNIVERSITY, L.L.C.

2-

3-

4-

APPROVED
AND
FILED

02 JAN -3 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

800004738488--0
-12/26/01--01040--002
*****33.75 *****33.75

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

800004738488--0
-01/03/02--01043--021
*****21.25 *****21.25

RECEIVED
01 DEC 26 AM 11:05
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

Examiner's Initials

208-1
1-302



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 27, 2001

ATTORNEYS' TITLE

SUBJECT: MCP UNIVERSITY, L.L.C.
Ref. Number: L01000018986

We have received your document for MCP UNIVERSITY, L.L.C. and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following:

The effective day must be specific and cannot be prior to the date of filing.

The total amount due to file the amendment and receive a certified copy is \$55.00. Therefore, there is a balance due of \$21.25.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 501A00067159

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN -3 PM 1:22

APPROVED
AND
FILED



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 28, 2001

ATTORNEYS' TITLE

SUBJECT: MCP UNIVERSITY, L.L.C.
Ref. Number: L01000018986

We have received your document for MCP UNIVERSITY, L.L.C. and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following:

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If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 701A00067435

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN -3 PM 1:22

APPROVED
AND
FILED

**ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF
MCP UNIVERSITY, L.L.C.**

Pursuant to Chapter 608, *Florida Statutes* (the "Act"), the Articles of Organization of **MCP UNIVERSITY, L.L.C.**, a Florida limited liability company (the "Company"), filed with the Florida Secretary of State, Tallahassee, Florida, on November 5, 2001, are hereby amended effective December 2⁶, 2001, as follows:

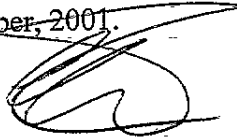
1. ARTICLE I - NAME is deleted in its entirety and replaced with the following:

**ARTICLE I
NAME**

The name of the limited company is MCP RETAIL, L.L.C.

2. Except as set forth herein, the Articles of Organization filed November 5, 2001, remain in full force and effect.

IN WITNESS WHEREOF, the undersigned have caused these Articles of Amendment to Articles of Organization to be executed the 17th day of December, 2001.



Michael A. Collard
a Manager

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 17 day of December, 2001, by Michael A. Collard, as a Manager of MCP UNIVERSITY, L.L.C., a Florida limited liability company, on behalf of the Company. He

☒ is personally known to me or

☐ has produced _____ as identification.

Notary Public

Print name: Anne E. Galliher

My commission expires:

02 JAN -3 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

