

**Division of Corporations Electronic Filing Cover Sheet** 

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(((H10000122004 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MP & RC ASSOCIATES INC

Account Number : 120040000165 Phone

: (561)395-3446

Fax Number

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Mp-RC: ASSOC @ AH. NET

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MMP INVESTMENTS, LLC

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## **COVER LETTER**

TO: Registration Division of 0	s Section Corporations
eun ipær.	MMP INVESTMENTS, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fec(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	ROBERT E CORNELL
	Name of Person
	MP & RC Associates, Inc.
	Firm/Company
	646 Juneberry Court
	Address
	Boca Raton, Florida 33486
	City/State and Zip Code
	MP-RC.ASSOC@ATT.NET  E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report noutication)
For further informatio	n concerning this matter, please call:
ROE	ERT E CORNELL at (561) 395-3446  e of Person Area Code & Daytime Telephone Number
Nam	e of Person Area Code & Daytime Telephone Number
Enclosed is a check for	r the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

(H10000122043)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MMP INVEST	<u>MENTS, LLC</u>		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number		06/18/2003	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company ber	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	ny," the designation "LU	C" or the abbreviation
Enter new principal offices address, if applicable:	NEW PRINCE	PAL ADDRESS:	
(Principal office address MUST BE A STREET ADDRESS)	KINGS PT-SA	XONY B-83	
	DELRAY BEA	ACH, FL 33446 US	
Enter new mailing address, if applicable;  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street addres	SS
		, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ete performance o rovided for in Cha	f my duties, and I am apter 608, F.S. Or, if i	familiar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

(H10000122043)

If 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:

Add Remove  Add Re	<u>Title</u>	Name	Address	Type of Action
Add Remove  AMENDMENT IS TO CHANGE PRINCIPAL ADDRESS ONLY  Signature of a member & authorized representative of a member Michael M. PANTORI, JR  Typed or printed name of signee	<del></del>			
Add   Remove   Add   Add   Remove   Add   Add   Add   Remove   Add				7
Add   Remove   Add   Remove	<del></del>			
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  AMENDMENT IS TO CHANGE PRINCIPAL ADDRESS ONLY   ted MAY 21. 7. 2010    Signature of a member at authorized representative of a member   10 member				
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  AMENDMENT IS TO CHANGE PRINCIPAL ADDRESS ONLY  Ted  MAY 21, 2010  Signature of a member of authorized representative of a member  MICHAEL M. PANTORI, JR  Typed or printed name of signee				
AMENDMENT IS TO CHANGE PRINCIPAL ADDRESS ONLY  MAY 21.  Zo10  Signature of a member of authorized representative of a member  MICHAEL M. PANTORI, JR  Typed or printed name of signee				
Signature of a member of authorized representative of a member  MICHAEL M. PANTORI, JR  Typed or printed name of signee	<u>.                                    </u>			
Signature of a member of authorized representative of a member  MICHAEL M. PANTORI, JR  Typed or printed name of signee			ter chauge(s) here: (Attach additional sheets, if necessa	Remove
MICHAEL M. PANTORI, JR  Typed or printed name of signee		ENDMENT IS TO CHAN	ter change(s) bere: (Attach additional sheets, if necessaring PRINCIPAL ADDRESS ONLY	Remove
···		MAY 21.	ter change(s) bere: (Attach additional sheets, if necessaries of PRINCIPAL ADDRESS ONLY  2010	Remove
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