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COVER LETTER.

TO: Registration Section Division of Corporations			
SUBJECT: MSMPB Investments LLC Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jeanne W Kapalixa			
MTMPR Incestments, LCC			
6 Meadow Ridge Drive			
New Fairfield, CT (6812) City/State and Zip Code			
F-inail address: (to be used for future annual report notification)		2[
For further information concerning this matter, please call:		2018 DEC	
Teane of Person at (203) 948-6303 Area Code Daytime Telephone Number		17 PH	Died.
Enclosed is a check for the following amount:	25. E.J.	2: 31	•
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company Florida Limited Lia	ns it now appears on ou bility Company)	r records.)		
The Articles of Organization for this Limited Liab	bility Company w	ere filed on 629	12005	and assigne	:d
This amendment is submitted to amend the follow					
A. If amending name, <u>enter the new name of t</u>	<u>he limited liabili</u>	ly company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designation	on "LLC" or the abbrevia	ntion "L.L.C."	<u> </u>
Enter new principal offices address, if applicab <i>Principal office address MUST BE A STREET</i>				·	
	-			- 51. - 31.	2018 DEC
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BO	- <u>0X)</u> _				TPH S
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on our r	ecords, enter the	name-of-t	<u>نځ</u>
Name of New Registered Agent:	Jeann	s labatus	cció		
New Registered Office Address:	(0.76	Hampst-e			
	Ormang	Beach	, Florida <u>3).</u> <i>zij</i>	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 605, 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.

hanging Registered Agent, Signature of New Registered Agen

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> MIKE Kargar 555 W. Granda Stech Add MGR Ormand Beach, FL32174 & Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove □ Clange □ Add □ Remove □ Change □ Remove ☐ Change D Add ☐ Remove

_ Change

D. If a	unending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
				
		.; -	20	
			201 0 DEC	
			17	
			PH 2:	.,
IC Fefo	ctive date, if other than the date of filing: \(\frac{15}{2019} \) (optional)		$\frac{\omega}{-}$	
Note	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be insert's effective date on the Department of State's records.)
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ene 90th day after the record is filed.	arlier (of:	
Date	d December 14, 2018.			
	Dearn Villewin Oprille			
	Signature of a member or authorized representative of a member Jenne Williamson Iapaluccio Typed or printed name of signee			
	Typed or printed name of signee	_		

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Filing Fee: \$25.00