# L06000041499

(Re	equestor's Name)	
(Ad	ldress)	
<b>、</b>	,	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_ Octanoacca	
Special Instructions to	Filing Officer:	
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OP DEC 18 AM ID: 21

# **COVER LETTER**

	Registration Division of	n Section Corporations			
SUBJEC	T:	M+C	Inves  Name of Lin	tments, LLC,	
The enclo	sed Articles	of Amendme	nt and fee(s) are su	bmitted for filing.	
Please ret	urn all corre	spondence co	ncerning this matte	er to the following:	
			JOHN A	- RENUING Name of Person	· · · · · · · · · · · · · · · · · · ·
			Mtc.	Investments, LI	LC.
		<u></u>	2359	Alexander Polm Address	Drive
			Maple Jaber	es, Horida 34  City/State and Zip Code  Thing & hot mail  (to be used by future annual report notifi	HOS (Com
For furthe	er informatio	n concerning	his matter, please	_	cationy
	TO HN Nan	A BEN	<del>ህ</del> \એς	at ( 239 ) 403 · 35 Area Code & Daytime	e Telephone Number
Enclosed i	is a check fo	or the followin	g amount:		
\$25.00	) Filing Fee		O Filing Fee & tificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & 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



M&C I	nuestme	ints, LLC		TELLICATION
( <u>Name of the Limited Li</u> (A Fl	ability Compan orida Limited Li	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liab	ility Company	were filed on AP	RIL 21, 200	and assigned
Florida document number LOG 000041	499			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabi	lity company here:		
The new name must be distinguishable and end with t "L.L.C."	he words "Limit	ed Liability Company	," the designation '	LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	2359 Ale	rander Pa	Im Drive
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Naples	, Horida	34105
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	2359 A	lexander s. Horic	PolmDrive La 34105
B. If amending the registered agent and/or registered agent and/or the new registered offic			r records, <u>enter</u>	the name of the new
Name of New Registered Agent:	-	A. BENDING	·	
New Registered Office Address:	2359 x	1 lexander Enter	Palm Driv Florida street ad	
	$\gamma_{i}$	aples		
-		City		<b>3416</b> 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

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:

MGR = Manager

MGRM = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sobino Morinella	14 Louis DRive Welles/ey Hills Massachusetts 02481	Add <b>≥</b> Remove
MGR	JBHN A. Benning	2359 Alexander Palm Dr Naples, Florida 34105	<b>⊠</b> Add Remove
MGR	Joel Cohen	501em, massactusetts	<b>X</b> Add Remove
<del>,</del>			Add Remove
			□Add □□Remove
D. If amendir	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	OB DEC 18 AM 10: 21
Dated		Salario Marinella 1990 Ray oc or authorized representative of a member	able Trust

Page 2 of 2

Filing Fee: \$25.00