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C. LEWIS

JAN 1 4 2010

EXAMINER

COVER LETTER

TÒ:

Registration Section

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Division of Co	orporations						
SUBJECT:	MST PR	OPERTIES LLC					
SOBJECT:		ited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.					
Please return all corresp	condence concerning this matter	r to the following:					
		SANDRA PEREZ					
		Name of Person					
		Firm/Company					
	6022 ROLLING VISTA LOOP						
		Address					
	DOVER. FL 33527						
	RFALT	City/State and Zip Code	COM				
	E-mail address: (YSANDY@HOTMAIL. to be used for future annual repo	rt notification)				
For further information	concerning this matter, please	call:					
SA	NDRA PEREZ	at (813)	368-961	1			
Name of Person			Daytime Telephone	Number			
Enclosed is a check for	the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) (0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)			
MAILING ADDRESS:		STREET/C	OURIER ADDR	RESS:			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2010 JAN 13 PM 18 29

	MST PROPERTIE	S LLC	SECRETA	RY OF STATE		
(Name of the Limited	Liability Company as it is A Florida Limited Liability	ow appears on Company)	our recenses	SEC. PLUNIUA		
The Articles of Organization for this Limited L	iability Company were fil	ed on JU	NE 1, 2006	and assigned		
Florida document numberL0600005	5912					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liability cor	npany here:				
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liab	ility Company," t	he designation "L	LC" or the abbreviation		
Enter new principal offices address, if applie	cable:					
(Principal office address MUST BE A STREE	ET ADDRESS)			· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered office ad-	iress on our r	ecords, <u>enter t</u> l	he name of the new		
Name of New Registered Agent:	SANDRA PEREZ					
New Registered Office Address:	ice Address: 6022 ROLLING VISTA LOOP					
	Enter Florida street address					
	DOVE	:R	, Florida	33527		
Name Danighanad Agantha Cianadana if abanging	City			Zip Code		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered the provisions of all statutes relative to the paccept the obligations of my position as registered to merely reflect a change in the company has been notified in writing of this	ed agent and agree to ac proper and complete per istered agent as provide registered office addres	formance of my d for in Chapte	y duties, and I a r 608, F.S. Or,	m familiar with and if this document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title **Type of Action** <u>Name</u> <u>Address</u> MGRM MICHAEL TYMCHUK 6022 ROLLING VISTA LOOP ☐ Add DOVER FL 33527 **✓** Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Alcember 30 Signature of a member or authorized representative of a member SANDRA PEREZ
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00