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T. CLINE
MAY 3 0 2008
EXAMINER

## **COVER LETTER**

	on Section  f Corporations		
SUBJECT: MTF	RC, LLC	<b>•</b>	
	(Name of Limited Liability Company)		
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.		
Please return all cor	rrespondence concerning this matter to the following:		
	GLEE A. TRIPLETT		
	(Name of Person)		
	(Firm/Company)		
	981 FAIRFIELD DR		
	(Address)		
	MARIETTA, GA 30068		
	(City/State and Zip Code)	ZIOB MAY SECRET	
For further information	tion concerning this matter, please call:	AY 29 PH ETARY OF THASSEE.	STATES
GLEE A. TRIPLE	TT at ( 678 ) 401-5863	mg -p	
1)	Name of Person) (Area Code & Daytime Telephone Number	PM 12: 32 OF STATE EF. FLORIDA	
Enclosed is a check	for the following amount:		
☑ \$25,00 Filing Fe	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &	

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

MTRC, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	pany were filed on NOVEMBER	9, 2006 and assigned
Florida document number L06000108688		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		TA ZOO
(Principal office address MUST BE A STREET ADDRES.	<u>(S)</u>	
		7 29 F
Enter new mailing address, if applicable:		Y OF ST
Mailing address MAY BE A POST OFFICE BOX)		DM 2
	·	77
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(D. Di	
	(Enter Florid	da street address)
	(City)	Florida(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 = Managing Member Type of Action Title Name <u>Address</u> MGR REAL SUB, LLC 3300 PUBLIX CORPORATE PARKWAY ■7 Add LAKELAND, FL 33811-3311 Remove ☐ Add Remove Add 🗂 Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated MAY 27 Signature of a member or authorized representative of a member GLEE A. TRIPLETT, ATTORNEY

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Typed or printed name of signee

Filing Fee: \$25.00