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EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	M	TRC, LLC				
	Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:	,			
		Shirley Starling				
	Name of Person					
	Publix Super Markets, Inc.					
	Firm/Company					
	3300 Publix Corporate Parkway					
	Address					
	l al	keland, FL 33802-20	18			
	City/State and Zip Code					
	shirl	ey.starling@publix.co	om			
	E-mail address: (1	to be used for future annual rep	port notification)			
For further information	concerning this matter, please of	all:				
S	hirley Starling	at (863.)	688-7407 x33571			
Name	of Person		2 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 c	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	Registratio Division of Clifton Bu 2661 Exec	f Corporations			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTI	RC, LLC			
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appe ted Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Comp. Florida document numberL06000108688	oany were filed on	11/09/2006	and assigned	
This amendment is submitted to amend the following:			8 41	
A. If amending name, enter the new name of the limited	liability company he	ere:	25	
The new name must be distinguishable and end with the words "I" L.L.C."	Limited Liability Comp	pany," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:			第5 	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Treasury Lic			
	Lakeland, FL 33802-2018			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	d office address on here:		-	
		. Florida		
	City	, FIOTRIA	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 **Title Type of Action** <u>Name</u> **Address** MGR Cove Tenn Partnership #1 ☐ Add Remove 17755 US 19 NOrth Suite 200 Clearwater, FL 33764 US ☐ Add Remove Add Remove " ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 19 2009 Signature of a member or authorized representative of a member John A. Attaway, Jr. Registered Agent Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00