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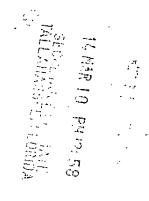
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COVER LETTER

TO: Registration Sec Division of Corp			·
MP P	roperties, LLC	•	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Manjari Pate	el	
		Name of Person	
	MP Propertie	es LLC	
		Firm/Company	
	12855 Darby	y Ridge Dr.	
		Address	
	Tampa, FL 3	33624	
		City/State and Zip Code	
•	ileshp@hotmail.c	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	·	,
Manjari Pat	_	at (813) 968-9	695
Name o		Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate 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**

(Name of the Limited Liability Company as it now annears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned for this amendment number	MP Properties, LLC			
Torida document number L0700001465 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 "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." There new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) The street address on our records, enter the name of the egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Control and document number LO7000001465 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 "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) The new mailing address on our records, enter the name of the egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on ou lorida Limited Liability Company)	r records.)	
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Enter Florida street address , Florida	Enter Florida street address	Name of New Registered Agent:			
, Florida		New Registered Office Address:	Euton Florida	at address	
			Enter r torida stree		
		-	City		

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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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Ma AMBR = Au	anager athorized Member		
Title	Name	Address	Type of Action
PRESIDENT	Ileshbhai Patel	12855 Darby Ridge Dr.	Add
		Tampa	Remove
		FL 33624	
			🗆 Add
			🗆 Add
			Remove
·			_□ Add
		Or Services	Remove
			□ Add
-			□ Remove
			_
· · · · · · · · · · · · · · · · · · ·			🖸 Add
			_□ Remove

amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	
The effective	date, if other than the date of filing:
03	/04/14
Dated	
	M. I. Palit
_	Signature of a member or authorized representative of a member
	Manjari Patel
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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