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S. HAWKES

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EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: WC	Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ruth K M	(Name of Person)	
	Hathaway	& Reynolds, P.A. (Firm/Company)	
	115 Profession	onal Dr., Ste 101 (Address)	
	Ponte Vedr	a Beach, FL 320 (City/State and Zip Code)	082
For further information c	oncerning this matter, please c	ail:	
Ruth K. 1 (Name of	ULDONA Id	at <u>OU</u> , <u>280 - 55</u> (Area Code & Daytime T	75 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

MCP I, LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Florida document number <u>LO700026027</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the line	TO THE PARTY OF TH			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation "LEC" or the abbreviation			
Enter new principal offices address, if applicable:	12545 Sun Palm Dr.			
(Principal office address MUST BE A STREET ADI				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12545 Sun Dalm Dr. Jacksonville FL 32225			
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> dress here:			
Name of New Registered Agent:	athaway & Reynolds, P.A.			
New Registered Office Address:	115 Professional Dr., Ste 101 (Enter Florida street address)			
Po	vtc Vedra Beach, Florida 32082 (City) (Zip Code)			
New Registered Agent's Signature if changing Register				

(If Changing Registered Agent, Signature of New 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 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** Name **Address** Type of Action MGRM Sunshine Investments o 425 Timberwalk Ct #1127 Ponk Vedra Beach Fe 32002 Holdings, LLC MGRM RLM Special Investment. Robert + Linda Moffit M6RM Remove Robert Lowenthal 425 Timberwalk Ct # 112 Ponk Vedra Beach FL 320 MOR ☐ Add Remove **→**Add ೄ D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February 25 NUMCOMALA
Signature of a member or authorized representative of a member 1000 Au Horized representative
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00