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**EXAMINER** 



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: MMT IF	RAR LLC		0
Source.	(Name of Lin	nited Liability Company)	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Stefan DeVocht		
		(Name of Person)	
	EAI, Inc.		
,		(Firm/Company)	
	11463 Sundance Lane		
		(Address)	
	Boca Raton, FL 33428		
		(City/State and Zip Code)	<del> </del>
For further information o	oncerning this matter, please o	nall.	
	oncerning this matter, please t	an.	
Stefan DeVocht		at ( 561 ) 213-8406	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	ne following amount:		
<b>☑</b> \$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**

MMT IRAR LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L07000036365	y were filed on April 05 2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designa	ution "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<b>8</b> ≤ 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Principal office address MUST BE A STREET ADDRESS)		9. F
		PH 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	<u> </u>
Mining unitess MAT DE A TOST OFFICE DOA		5
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.  Name of New Registered Agent:	ffice address on our records, <u>e</u> re:	nter the name of the new
New Registered Office Address:	(Enter Florida stre	eet address)
<del></del>	, Florid	
Non-Borist and A. O. C.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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:

_	<u>Name</u>	<u>Address</u>	Type of Actio
₹	Michael Perry	1035 LINCOLN ROAD - SUITE 209 BETTENDORF IA 52722-4149 USA	Add Add Remove
₹	EAI, Inc (Stefan DeVocht)	11463 Sundance Lane Boca Raton, FL 33428	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add
·			Remove
f amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
f amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
		nange(s) here: (Attach additional sheets, if necessary.)	

Page 2 of 2

Filing Fee: \$25.00