L'07000084671

(Re	equestor's Name)	
(Ad	ldress)	·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
·	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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08 JAN -7 PM 4: 02

COVER LETTER

Division of C			
SUBJECT:	MP Organi	zer, LLC	
	(Name of Lin	nited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
		William Hewitt	,
		(Name of Person)	
		MP Organizer, LLC	
		(Firm/Company)	
		4160 Dow Road,	
·		(Address)	
		Melbourne, FL 32934	
		(City/State and Zip Code)	
For further information	n concerning this matter, please	call:	
,	William Hewitt	at (877) 536-7676	
(Nan	ne of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	r the 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)
MA	ILING ADDRESS:	STREET/COURIER	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

08 JAN -7	SECRETARY BIVISION OF C
PM 4: 02	TARY OF STATE OF CORFORATIONS

MP Organizer, LLC

(Name of the Limited Liab (A Flori	ility Company as it now appears of da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on Augus	st 17,2007 and assigned
Florida document number <u>L0700084671</u>	-	
This amendment is submitted to amend the following	3 :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	" the designation "LLC" or the abbreviation
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our address here:	records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter	Florida street address)
		, Florida
	(City)	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	Sanaging Member		
Title	Name	Address	Type of Action
MGRM	Lisa Hynes	1426 Twin Rivers Blvd. Ovido, FL 32766	Add Remove
MGRM_	Gregory K. Garver	2062 Woodfield Circle West Melbourne, FL 32904	☐ Add ☑ Remove
			Add Remove
<u></u>	——————————————————————————————————————		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
		of Address : Melbourne, FL 32934	SECKET DIVISION O OR JAN •
			FILED STATE OF CORPORATION -7 PM 4: 02
Dated	1/3/08	Les	116HS
		r or authorized representative of a member	
	Typed	liam Hewitt I or printed name of signee	

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Filing Fee: \$25.00