## 10800019456

(Requestor's Name)						
(Address)						
(Address)	_					
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PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)						
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D. BRUCE
MAY 1 5 2012
EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			<b>.</b>			
SUBJECT:	MPS ATLANTI	C INVESTMENT LLC				
SUBSECT.		Name of Limited Liability Company				
<del>:</del>	·		•			
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.				
Please return all corres	pondence concerning this matter	r to the following:				
		Name of Person				
	MPS AT	MPS ATLANTIC INVESTMENT LLC				
		Firm/Company				
	Ä	1 ≥6: - (*)	72			
		7720 Center Bay Drive  Address  North Bay Village, FL, 33141  City/State and Zip Code  stefaniacarta63@gmail.com				
	Alan					
	Non					
	stefa					
	E-mail address: (	to be used for future annual report notifica	ition)	FSTATE	er T	
For further information	concerning this matter, please	call:	1	•		
5	Stefania Carta	at ( 786 ) 3	82-1152			
Name	of Person	Area Code & Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C (additional	of Sta Copy		
Regi	ILING ADDRESS: stration Section sion of Corporations	STREET/COURIE Registration Section Division of Corporat				

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		VESTMENT			
(Name of the Limited (A	<u>Liability Compa</u> Florida Limited I	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Li	were filed on	02/22/2008	and assigned		
Florida document number L08000019					
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	ny," the designation	"LLC" or the a	bbreviation
Enter new principal offices address, if applica	ble:	7720 Center	Bay Drive	AE Z	
(Principal office address MUST BE A STREET ADDRESS)		North Bay Vil	MAY 14 CRETARY LAHASSI	<u> </u>	
Enter new mailing address, if applicable:		7720 Center	Bay Drive	PE FU	ED
(Mailing address MAY BE A POST OFFICE BOX)		North Bay Vil	lage, FL, 33141	TAILE ORNOA	<del></del>
B. If amending the registered agent and/o registered agent and/or the new registered of			our records, enter	the name of	the new
Name of New Registered Agent:	Stefania Ca	rta			
New Registered Office Address: 7720 Center Bay Drive					
	ter Florida street aa	ldress			
	Nort	h Bay Village	, Florida _	33141	<del></del>
		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, 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 Address Name MGR FELLA, MATTIA ☐ Add Remove FELLA, MATTIA MGR 7720 Center Bay Drive **✓** Add North Bay Village, FL, 33141 Remove MGR CARTA, PAOLA **∏** Remove MGR CARTA, STEFANIA Add **Remove** MGR CARTA, STEFANIA 7720 Center Bay Drive VAdd Remove North Bay Village, FL, 33141 ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Stefania Carta Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00