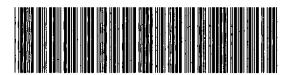
(Requestor's Name)
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(Document Number)
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T. CLINE JUL - 3 2008

EXAMINER

COVER LETTER

Division of Cor	porations				
SUBJECT: MBT, L	LC			•	
SUBJECT: IVID-11	(Name of Lim	ited Liability Company)		u	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		, and the second			
	Patricia Mangrum				
		(Name of Person)	· <u>··········</u>		
	MOT II.O				
	MBT, LLC	(Firm/Company)			
		• • • • • • • • • • • • • • • • • • • •			
	2109 Whaley Ave.				
		(Address)			
	Pensacola, FL 32503			~H [~]	
		(City/State and Zip Code)		TO THE	
				計画	1
For further information of	concerning this matter, please c	all:		TAR ASS	To Manager 20
Patricia Mangrum		at (850) 748-2265		1, 2, 2 - C	
(Name of Person) (Area Code & Daytime Telephone Number		phone Number)	AM IO:	ر المعلم المالية المعلمة المالية	
				ORIDA	
Enclosed is a check for the	he following amount:			•	
2 \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Co-(additional c	f Status &	

MAILING ADDRESS:

TO:

Registration Section

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

MBT, LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our reconited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Con	npany were filed on 04/07/2008	and assigned
Florida document number L08000034966		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u>, , , , , , , , , , , , , , , , , , , </u>	7 C 400 17 C 000
(Principal office address MUST BE A STREET ADDRE	(SS)	
		SA 1
Enter new mailing address, if applicable:	4,40	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		- <u> </u>
		<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida s	ireei address)
,	· · · · · · · · · · · · · · · · · · ·	orida
	(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

<u>Title</u>	<u>Name</u>	Address	Type of Ac	<u>ction</u>
MGRM_	Michael J. Mangrum	2109 Whaley Ave Pensacola, FL 32503	Add Remove	
······	<u> </u>		Add Remove	
			Add Remove	
			Add Remove	
			Addis Addis Refereve	Character (Transfer (Transfer (Transfer)
			-2 delio: 35 ARY POTATE SSEE, FILORIDA	- Carrier Anna Land
D. If amendin	ng any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)		
ASSESSMENT			_	
Dated June 30) , <u>2</u>	008		
-	Signature of a me			
_		yped or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00