

LO8000037037

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(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 06 2013  
D. BUTLER

# GKW&H

GIBSON, KOHL, WOLFF & HRIC, P.L.  
1800 Second Street, Suite 920  
Sarasota, Florida 34236

Reply To:  
P. O. Box 49823  
Sarasota, FL 34230

**MICHAEL HRIC**  
*Attorney At Law*

Telephone: (941) 954-1359

Fax: (941) 953-2801

May 31, 2013

**VIA FEDERAL EXPRESS**

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

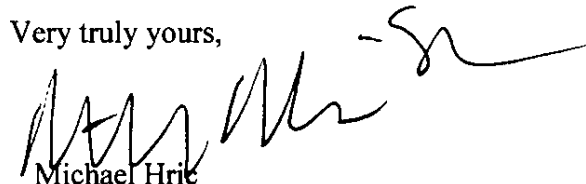
Re: MRP Service, LLP

Dear Ladies & Gentlemen:

Enclosed please find and original and one (1) copy of the Amendment for the above identified entity and our check in the amount of \$55.00 for a certified copy. Please add Tom Smola as a Manager to MRP Service, LLC. This change needs to be shown on the State records As of June 6, 2013.

I have enclosed a self-addressed, postage paid envelope for the return of the instruments. Should you have any questions or require any additional information.

Very truly yours,



Michael Hric

MH/sam

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13 JUN -5 PM 5:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MRP SERVICE, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Michael Hric**

Name of Person

**Gibson, Kohl, Wolff & Hric, P.L.**

Firm/Company

**1800 2nd Street, Suite 920**

Address

**Sarasota, Florida 34236**

City/State and Zip Code

**michaelhric@michaelhricesq.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael Hric**

Name of Person

at ( **941** ) **954-1359**

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

**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

**FILED**  
**13 JUN -5 PM 5:25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

MRP Service, 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 Company were filed on 04/11/2008 and assigned  
Florida document number L08000037037.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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**

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Tom Smola	1800 2nd Street	<input checked="" type="checkbox"/> Add
		Suite 770	<input type="checkbox"/> Remove
		Sarasota, Florida 34236	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

13 JUN - 5 PM 5-25

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

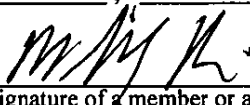
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Dated May 23, 2013



Signature of a member or authorized representative of a member

Michael Hric

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA