(Re	questor's Name)	····		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	, e #)		
PICK-UP	WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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02/25/09--01038--004 **60.00



S. HAWKES
FEB 2 7 2009
EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: MPE	Properties (Name of Limit	LLC. led Liability Company)	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Philip Ell	(Name of Person)	
	MPE Apper	ties, UC (Firm/Company)	
	5968 Clark	Conter Ave. (Address)	<u> </u>
	SACASOTA	FL W38 (City/State and Zip Code)	
For further information co	ncerning this matter, please ca	ıll:	
JANET SAN (Name of	SEVELO Person)	at (<u>941)</u> <u>364–33</u> (Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

THE PRODERTIES, LUC	
(Name of the Limited Liability Company as it r (A Florida Limited Liability Company)	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number <u>LOROOO90785</u> .	ed on 9/23/08 and assigned
This amendment is submitted to amend the following:	55 5
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and end with the words "Limited Liab "L.L.C."	lity Company," the designation "LLC" of the abbreviation
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) 50	168 CLARK CENTER AVE TASOTA, FL 34238
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	
Name of New Registered Agent:	- W Q - 16 - a 1 /a
New Registered Office Address: 948 CA	(Enter Florida street address)
SAFASOTA (City)	(Enter Florida street address) Florida (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 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 Name **Address** Type of Action Add Remove Remove Remove 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00