## L08000/03564

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, , , , , , , , , , , , , , , , , , , ,				
(Document Number)				
•				
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A. LUNT				
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EXAMINER				

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2000 NOV 25 PH 2: 26
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT: POSILLICO & PICCOLO LLC						
The section of Auditor	£ A	and the distance				
	of Amendment and fee(s) are sub	•				
riease return an corresp	oondence concerning this matter	to the following.				
	LOVETTE DOBSON					
		(Name of Person)				
	INCFILE.COM					
		(Firm/Company)				
	10943 MAYFIELD RD.			SEC	2008	
	<del></del>	(Address)		CRET	2008 NOV 25	T
	HOUSTON, TX 77043			ARY	25	
	***************************************	(City/State and Zip Code)		100	P	П
For further information	concerning this matter, please of	eall:		STATE	2: 26	٠,٠
LOVETTE DOBSON		at ( 713 ) 562-8895				
(Nam	e of Person)	(Area Code & Daytime T	elephone Numbe	er)		
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 Fil Certifica Certified (addition	te of Stat Copy		sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POSILLICO & PICCOLO LLC		@
( <u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/5/2008	and assigned
Florida document number L08000103566		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
MAPA1, LLC		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designation	200 St
Enter new principal offices address, if applicable:		AAR WOV
(Principal office address MUST BE A STREET ADDRES:	<u></u>	RNOV 25
Enter new mailing address, if applicable:		ED PH 2: 26
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street d	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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = N MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	·		A STATE OF THE PARTY OF THE PAR
D. If am	ending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	ILED 25 PH 2:27
-			
Dated	NOVEMBER 19, 20	vol Piccolo	······································
	,	er or authorized representative of a member	
	PAUL PICCOLO Typed	d or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00