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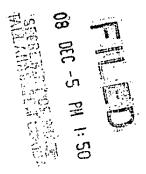
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S. HAWKES
DEC 0 9 2008
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: MVA DO	evelopment Florida, (Name of Lim	LLC ited Liability Company)	±		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Libby Restuccio				
(Name of Person)					
	Semper Woods, P.A.				
		(Firm/Company)			
425 W Colonial Dr Ste 204					
(Address)					
	Orlando, FL 32804				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Libby Restuccio		at (407) 650-8133			
(Name o	of Person)	(Area Code & Daytime T	`elephone 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)		
MAIL	INC ADDRESS.	STDEET/COUDIED	ADDDESS.		

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

MVA Development Florida, 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 November 12, 2008 and assigned Florida document number L08000105463 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) (City)

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jonathan D. Woods	425 W. Colonial Dr. Ste. 204 Orlando, FL 32804	Remove
			Add Remove
			Remove it
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if n	Remove
<u> </u>			
Dated Nove		2008	
	Signature of A	Typed or printed name of signee Page 2 of 2	00DS

Filing Fee: \$25.00