L09000005850

(Re	questor's Name)				
(Ad	dress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PiCK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



700184525927

08/20/10--01023--023 **60.00

FILED

10 AUG 20 PM 1:5
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

AUG 23 2010

EXAMINER

MELVILLE & SOWERBY, P. L.

ATTORNEYS AT LAW
LAUREL PROFESSIONAL PARK
2940 SOUTH 25th STREET
FORT PIERCE, FLORIDA 34981-5605

HAROLD G. MELVILLE*
DAVID N. SOWERBY**

TELEPHONE (772) 464-7900 FAX (772) 464-8220

*BOARD CERTIFIED CIVIL TRIAL LAWYER AND BOARD CERTIFIED BUSINESS LITIGATION LAWYER

**BOARD CERTIFIED REAL ESTATE LAWYER

August 19, 2010

Via FedEx

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

Re: BSD Realty, LLC Name Change to MPC Advisors, Inc.

Dear Sir/Madam:

Please find enclosed the following:

- 1. Form Cover Letter;
- 2. Original and one copy of Articles of Amendment to Articles of Organization of BSD Realty, LLC amending name to MPC Advisors, LLC;
- 3. Our firm check in the amount of \$60.00 payable to the Florida Department of State

Kindly provide the undersigned with the Certified Copy and Certificate of Status, which fees are included in the enclosed check.

If you have any further questions, please feel free to contact the undersigned.

Thank you for your attention to this matter.

Since tely,

Harold G. Melville

HGM/sv enclosures

cc: Mr. Paul J. Hegener (w/encl.)

COVER LETTER

Division of Cor				
SUBJECT:	BSD	Realty, LLC		
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspo	ndence concerning this matter	r to the following:		
	Н	arold G. Melville, Esq.		15 5
		Name of Person	· ·	最富四
	N	Melville & Sowerby, PL		
		Firm/Company	 	FILE PH 1:51
	2	2940 South 25th Street		
		Address		8F 5
		Ft Pierce, FL 34981		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notifica	tion)	
For further information co	oncerning this matter, please of	call:		
Harold :	G. Melville, Esq.	at (772) 40	64-7900	
Name of		Area Code & Daytime T	elephone Number	_
Enclosed is a check for th	e 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 F Certificate of Certified Cop (additional co	Status &
	ING ADDRESS:	STREET/COURIER ADDRESS: Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BSD Realty, LLC			
(Name of the Limited L	Liability Company as it now appears Florida Limited Liability Company)	s on our records.)		
(/	Torrad Elimited Elabrity Company)			
The Articles of Organization for this Limited Lia	bility Company were filed on	1/16/09	and assigned	
Florida document number L09000058	350		是 1	
Tional document names:	 '		聖らて	
This are the started at the started			SE OF	
This amendment is submitted to amend the follow	ving:		Sanotassigned FILED II	
A. If amending name, enter the new name of t	he limited liability company here	2:	705	
	MPC Advisors, LLC		BELL ST	
The new name must be distinguishable and end with	the words "Limited Liability Compar	ıy," the designation	"LLC" or the abbreviation	
"L.L.C."				
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
			•	
Enter new mailing address, if applicable:				
• • • •				
(Mailing address MAY BE A POST OFFICE B	<u> </u>		<u> </u>	
B. If amending the registered agent and/or	registered office address on o	ur records ente	r the name of the new	
registered agent and/or the new registered offi		ur records, <u>ente</u>	the name of the new	
Name of New Registered Agent:				
twanto or the wiregistered rigoria.				
New Registered Office Address:	P	mi ii	11	
	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 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 **Address Type of Action** Name _ Add ☐ Remove ☐ Add Remove Add Remove Add Remove \square Add Remove \square Add 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 Harold G. Melville, Esq. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00