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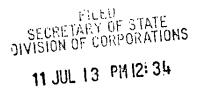
TO:	Registration Se Division of Con					
SUBJECT: A			MPI, LLC			
	***************************************	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sui	bmitted for filing.			
Please	return all correspo	ondence concerning this matter	r to the following:			
		<u>-</u>	Franklin Mesa Sr.		-	
Name of Person						
AMPI, LLC						
			Firm/Company			
	5138 Cleveland Rd.					
	· Address				•	
	Delray Beach, FL. 33484					
	City/State and Zip Code					
	fmesa@ampillc.com E-mail address: (to be used for future annual report notification)					
For fur	ther information c	oncerning this matter, please of		,		
	Fr	anklin Mesa	at (561)	929-6342		
	Name o	f Person	Area Code &	Daytime Telephone Number	er	
Enclos	ed is a check for the	ne following amount:		·		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certifie	ate of Status &	

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 ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS



and assigned
.C" or the abbreviation
,

e name of the new
ess
Zin 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, 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
MGRM	Andrea C Mesa	5138 Cleveland Rd Delray Beach, FL 33484	☐ Add ☐ Remove
MGRM	Amanda M Mesa	5138 Cleveland Rd Delray Beach, FL. 33484	Add 7 Remove
STANSON STANSO			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheets, if necessary	·)
			SECRETARY OF STATE SECRETARY OF CURPORATE TARE TARE TARE TARE TO THE SECRETARY OF STATE TO THE SECRETARY OF STATE TARE TARE TO THE SECRETARY OF STATE TARE TARE TARE TARE TARE TARE TARE
Dated	July 6		STATE RATIONS 12: 3.4
	Signature	of a member or authorized representative of a member	
		Franklin Mesa Sr. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00