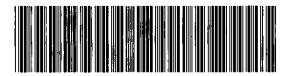
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T. HAMPTON
JUL 202010
EXAMINER

COVER LETTER

10.	Division of Co			
OVID YE	∕ ∕₩.	MVPIRS	Brandon, LLC	•
SUBJE	.CT:		ed Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			Nick Reader	
			Name of Person	ı
		MVP	LRS Palm Harbor LLC	
			Firm/Company	•
		-		
			Tompo El 33600	
			Tampa, FL 33609 City/State and Zip Code	
		Prea E-mail address: (to	der@mvpholdings.com o be used for future annual report no	otification)
For furt	her information o	concerning this matter, please co		
	Alex H. Duns	er, D2 Law Group P.L.	at (813)	876-3200
	Name o	f Person	at (<u>813)</u> Area Code & Day	ime Telephone Number
Enclos c	d is a check for t	he following amount:		
√ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) Sed) Sed) Sed) Sed) Sed) Sed) Sed)
		ING ADDRESS:		RIER ADDRESS:
	Divisio	ration Section on of Corporations	Registration Sec Division of Cor	porations
		ox 6327 assee, FL 32314	Clifton Building 2661 Executive Tallahassee, FL	Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MVP	LRS Brandon, LLC			
(Name of the Limited Liabil) (A Florida	ity Company as it now app a Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on _	October 14, 2009	and assign	ned
Florida document number L09000099316				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company h	<u>iere</u> :		
MVP LF	RS Palm Harbor LLC	,		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Con	pany," the designation "LL	C" or the abb	reviation
Enter new principal offices address, if applicable:			ි 	SECS
(Principal office address MUST BE A STREET ADD	RESS)			<u> </u>
			4	_GZ;
			2	RAC
Enter new mailing address, if applicable:	·		ιζ <u>ο</u>	STA DRA
(Mailing address MAY BE A POST OFFICE BOX)			1.0	<u> </u>
				<u> </u>
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	stered office address on dress here:	our records, enter the	name of t	the new
Name of New Registered Agent:				
New Registered Office Address:	***			
·	1	Enter Florida street addre	ss	
		, 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:

	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	,		Add Remove
			Add Remove
			Add Remove
			Add .
ameno	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	wy.)
		4	10 JUL 19 PM 23
I	July . :	2010	

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