## L09000116844

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## COVER LETTER . . .

TO: Registration Section Division of Corporations		
SUBJECT: MANUFACTURING + PROCESS SUPPORT LLC		
Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JEAN MCKINIALY  Name of Person		
Name of Person		
MANUFACTURING 4 PROCESS SUPPORT LLE		
3780 TAMPA RD STE 203		
Address		
City/State and Zip Code  Otenberse & apt Com  E-mail address: (to be used for future annual report notification)		
City/State and Zip Code		
otenbersez@apl.com		
For further information concerning this matter, please call:		
JEAN: MCKINNEY at (813) 855-2081		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certificate of Status &		
(additional copy is enclosed) Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: STREET/COURIER ADDRESS:		
Registration Section Registration Section		
* Division of Corporations Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

FILED 10 JAN 21 AM 10: 12

Manufacturing + Pro (Name of the Limited Liability Company (A Florida Limited Lia	SLORE TARY OF STATE TALLAHAS SEE FLORIDA
(Name of the Limited Liability Company	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v	vere filed on / 2/9/05 and assigned
Florida document number 409000116844	
Torida document number	}
This amendment is submitted to amend the following:	'
A. If amending name, enter the new name of the limited liabil	ity company here:
The state of the manual of the manual of the manual manual	10, 00 mpan
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3780 TAMPA 12D
(Principal office address MUST BE A STREET ADDRESS)	STE 203
	3780 TAMPA 12D STE 203 OLDSMAR R 34677
Enter new mailing address, if applicable:	3780 TAMPA RD
(Mailing address MAY BE A POST OFFICE BOX)	STE 203
	OLDSMAR FL 34677
	•
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
registered agent and/or the new registered office address here	•
N. CN. Barks Marsus	:
Name of New Registered Agent:	
New Registered Office Address:	Core Elected and Live
	Enter Florida street address
	, Florida
	City 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 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. <u>Name</u> **Address Type of Action** 3780 TAMPA RD STE 203 MGR JEAN MCKINNEY ☐ Add Remove ☐ Remove Remove ∏Add Remove  $\bigcap Add$ 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 JEAN MCKINNEY

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00