## L09000122448

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2010 FEB 10 PH IL 56
SECRETARY OF STATE

C. LEWIS
FEB 1 1 2010
EXAMINER

## COVER LETTER

TO: ,

Registration Section

Divisi	on of Corporations	<b>,</b> "			
SUBJECT:	MBM	TRUSTEE LLC			
	imited Liability Company				
The enclosed A	rticles of Amendment and fee(s) are	submitted for filing.			
Please return al	l correspondence concerning this mat	tter to the following:			
		DONNA TOMLINSON			
		Name of Person			
	MULTITUDE INC				
	Firm/Company				
	1801 18TH WAY				
		Address			
	WES	ST PALM BEACH, FL 33407			
	City/State and Zip Code				
	MULT E-mail address	TITUDE10@COMCAST.NET s: (to be used for future annual report notification)			
For further info	rmation concerning this matter, pleas	·			
	DONNA TOMLINSON	at (_561 )478-0019			
	Name of Person	Area Code & Daytime Telephone Number			
Enclosed is a cl	neck for the following amount:				
\$25.00 Filin	g Fee \$\bigcip\\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section			
	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 ARTICLES OF ORGANIZATION **OF**

FILED

2010 FEB LO PM 10:56

•		-	Old Ed 10 III 96
MBM	TRUSTEE LLC		SECRETARY OF STATE
(Name of the Limited Liability (A Florida	· Company as it now appe: Limited Liability Company)	ars on our records.)	ALLAHASSEE FLORID
	• • •		
The Articles of Organization for this Limited Liability C	ompany were filed on	1/13/2010	and assigned
Florida document number L09000122448	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	ere:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)	······································	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
[Maning mailess MAT BE A POST OFFICE BOX]	<del></del>		<del></del>
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
THE MARKET OF THE PROPERTY.	Enter Florida street address		
	. Florida		
444	City		Zip Code
New Registered Agent's Signature, if changing Registered	d 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>	Name	Address	Type of Action
MGR	ALTINOK, MUSTAFA	5600 N. FLAGLER DRIVE WEST PALM BEACH, FL. 33407	Add Remove
MGR	ALTINOK, MUSTAFA	701 SOUTH OLIVE AVENUE# 1509 WEST PALM BEACH, FL 33407	Add Remove
MGR	OZKURT, MEHMET	5600 N. FLAGLER DRIVE WEST PALM BEACH, FL 33407	Add Remove
MGR	OZKURT, MEHMET	701 SOUTH OLIVE AVENUE# 1509 WEST PALM BEACH, FL 33407	✓ Add Remove
	<u> </u>		Add Remove
<del></del>			Add Remove
D. If amen	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.	<i>)</i>
_			
	7 00		
Dated	2-08-, 5 Oans Signature of a mem	Jonlesson  aber or authorized representative of a member	TALLAHASS
		MUSTAFA ALTINOK ped or printed name of signee	
	Ty	Page 2 of 2	PH IN SE
		Filing Fee: \$25.00	DA S