

L10000027241

(Requestor's Name)

(Address)

(Address)

(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



600175935536

04/20/10--01015--025 **25.00

FILED
2010 APR 19 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 20 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MVPSAA, 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:

VICTORIA L ZARATA
Name of Person

MVPSAA, LLC.
Firm/Company

57 Oak Ridge
~~2116 E GALT ST~~
Frostproof FL 33843
~~02116 E GALT ST~~
City/State and Zip Code

LISBETHZ24@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTORIA L ZARATA at (407) 592-3565
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 APR 19 PM 2:16

MVPSAA, LLC.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned
Florida document number L10000027241

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MVPSAA, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

57 Oak Ridge Frostproof
FL 33843

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

57 Oak Ridge Frostproof
FL 33843

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Victoria L Zapata

New Registered Office Address:

57 Oak Ridge Frostproof
Enter Florida street address

Frostproof
City

Florida

33843
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.

Victoria L Zapata
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

Title	Name	Address	Type of Action
MGRM	VICTORIA L ZAPATA	2116 E GRANT ST #A ORLANDO FL 32806 57 Oakridge Frostproof FL 33843	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CHARLES SWEET	2116 E GRANT ST #A ORLANDO FL 32806	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MARCH 15, 2010

Victoria Zapata
Signature of a member or authorized representative of a member
VICTORIA L ZAPATA
Typed or printed name of signee

FILED
2010 APR 19 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA