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2011 JUN - 8 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 9 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MPRESSIVE SERVICES, 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:

KATHY SALOMON

Name of Person

MPRESSIVE SERVICES, LLC

Firm/Company

3329 NIPINICKET COURT.

Address

ORLANDO, FLORIDA 32818

City/State and Zip Code

KATHY@MPRESSIVESERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHY SALOMON

Name of Person

at (407)

283-1810

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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**

MPRESSIVE SERVICES, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/22/2011 and assigned
Florida document number L11000022425.

This amendment is submitted to amend the following:

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

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)

3329 NIPINICKET COURT

ORLANDO, FL 32818

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

604 JAGUAR COURT

KISSIMMEE, FL 34759

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:

KATHY SALOMON

New Registered Office Address:

3329 NIPINICKET COURT

Enter Florida street address

ORLANDO

, Florida

32818

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

Kathy Salomon

Devon Kenney

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>	<u>Address</u>	<u>Type of Action</u>
MGR.	KATHY SALOMON	604 JAGUAR COURT KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR.	Devon Kennedy	205 Applewood Ct Doss. FL 34748	<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 6TH JUNE, 2011

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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