

10/24/13

L11000056394

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000236805 3)))



H130002368053ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SMART TAX  
Account Number : I20090000034  
Phone : (954) 782-3610  
Fax Number : (954) 366-3239

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

13 OCT 24 AM 7:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MPI ENTERPRISES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

J. S. BERRY  
EXAMINER  
OCT 25 2013

H130002368053

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MPI ENTERPRISES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/08/2011 and assigned  
Florida document number L11000056394

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**)

535 E SAMPLE RD

POMPAÑO BEACH, FL 33064

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

535 E SAMPLE RD

POMPAÑO BEACH, FL 33064

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:

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

H130002368053

H13000 23680 53

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>
MGRM	MANZONI, CARMINE	8281 HAMPTON WOOD DR	<input type="checkbox"/> Add
		BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Remove
MGRM	MANZONI, RITA DE CASSIA	8281 HAMPTON WOOD DR	<input type="checkbox"/> Add
		BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Remove
MGRM	ITRI, MAURICIO P	535 E SAMPLE RD	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input type="checkbox"/> Remove
MGRM	ITRI, JOSE HUMBERTO C	535 E SAMPLE RD	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

H13000 23680 53

2013 OCT 7 AM 8:37  
ADD  
REMOVE

H13000 2368053

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

---

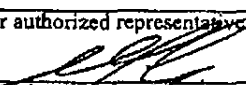
---

---

---

Dated OCTOBER 22nd, 2013.

Signature of a member or authorized representative of a member  
CARMINE MANZONI

  
Typed or printed name of signee

Page 3 of 3

2013 OCT 24 AM 8:37  
STATE  
OFFICE  
FLORIDA

H13000 2368053