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COVER LETTER

TO: Registration Section
Division of Corporations

MPI ENTERPRISES 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:

FERNANDA LOLA

Name of Person

SMART TAX

Firm/Company

535 E SAMPLE ROAD

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

FERNANDA@THESMARTTAX.COM

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

For further information concerning this matter, please call:

FERNANDA LOLA

954 782-3610

Name of Person

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

(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L11000056394	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5180 S CONWAY RD	93	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32812	EDNI B	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5180 S CONWAY RD ORLANDO, FL 32812		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the ne	
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:

MPI ENTERPRISES LLC

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address Type of Action
MGRM	MAURICIO ITRI	535 E SAMPLE ROAD
		POMPANO BEACH, FL 33064
MGRM	JOSE HUMBERTO C. ITRI	535 E SAMPLE ROAD
		POMPANO BEACH, FL 33064
AMBR	BECK, ALEX FERNANDO	5180 S CONWAY RD
		ORLANDO, FL 32812
AMBR	BECK'S IDIOMAS LTDA	5180 S CONWAY RD
		ORLANDO, FL 32812
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