

61100056394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

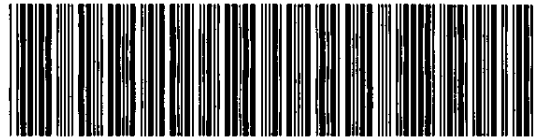
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Amend*

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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~~1. Bush~~ JUN 16 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **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**

Name of Person

at **954 782-3610**

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

**MPI ENTERPRISES LLC**

Page 1 of 3

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> | <u>Name</u>           | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|-----------------------|-------------------------|--|
| MGRM         | MAURICIO ITRI         | 535 E SAMPLE ROAD       | <input type="checkbox"/> Add               |
|              |                       | POMPANO BEACH, FL 33064 | <input checked="" type="checkbox"/> Remove |
| MGRM         | JOSE HUMBERTO C. ITRI | 535 E SAMPLE ROAD       | <input type="checkbox"/> Add               |
|              |                       | POMPANO BEACH, FL 33064 | <input checked="" type="checkbox"/> Remove |
| AMBR         | BECK, ALEX FERNANDO   | 5180 S CONWAY RD        | <input checked="" type="checkbox"/> Add    |
|              |                       | ORLANDO, FL 32812       | <input type="checkbox"/> Remove            |
| AMBR         | BECK'S IDIOMAS LTDA   | 5180 S CONWAY RD        | <input checked="" type="checkbox"/> Add    |
|              |                       | ORLANDO, FL 32812       | <input type="checkbox"/> Remove            |
|              |                       |                         | <input type="checkbox"/> Add               |
|              |                       |                         | <input type="checkbox"/> Remove            |
|              |                       |                         | <input type="checkbox"/> Add               |
|              |                       |                         | <input type="checkbox"/> Remove            |

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FALL IDIOMAS, FL 32812

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **JUNE 10th**, **2014**

Signature of a member or authorized representative of a member

**MAURICIO ITRI**

Typed or printed name of signer

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