# L11000113400

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2013 APR 29 PM 1: 03
SECRETARY STATES

APR 3 0 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Section Division of Corporation	rations	,	
SUBJECT: MB /	Name of Limite	Langonew, Language Company	-20
The enclosed Articles of Art	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Sunshin	e Modric	蓝 一
	MBIP,	Name of Person  A Hoursquart	AR 29 P
	9469 2	Firm/Company  Over Coreck Circ	
	Lake Wor	Address +L, FC 3346	7
	gomodric E-mail address: (to	City/State and Zip Code  Mhi project M be used for future annual report notification	anagement, com
For further information cond	cerning this matter, please ca		
George Mo	dric	at ( <u>J6/)</u> 8 <u>J6</u> 7 Area Code & Daytime Tel	ephone 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 A
MBI Pa	oject Monagement, L2c
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on 10/1/1/ and assigned
Florida document number \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	100
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 "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>s</u>
Enter new mailing address, if applicable:	The second secon
(Mailing address MAY BE A POST OFFICE BOX)	門家 呈
Mudding dudiess MAT BE AT OST OFFICE BOX	
D. If amonding the registered agent and/or registere	ed office address on our records, enter the name of the new
b. It amending the registered agent and/or registere registered agent and/or the new registered office address	
	2.140.34
N. CN. D. L. IA	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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 Type of Action **Address** 2469 Der Creelcia Add
Lake Worth # 33467 Remove MARM Manana Sosa 9469 Deer Crock cire \_\_ Add Labe Wall FC 33467 Rem Treasurer John Thomas Add Remove Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	11
d	4/24 0, 2013.
	Signature of a member or authorized representative of a member
	Sunshine Modre (C

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Filing Fee: \$25.00

