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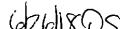
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	CT: MCT SERVICE, LUC  Name of Limited Liability Company		
The end	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	TAMMY BUFFINGTON Name of Person		
	Firm/Company	73	
	120 COMMODORE DR. # 627	70 20 21	
	PLANTATION FL 33325  City/State and Zip Code	. > '	
	E-mail address: (to be used for future annual report notification)	بـِ  نـ	_
For fur	ther information concerning this matter, please call:		
	Name of Person at (305) 807 1945  Name of Person Area Code Daytime Telephone Number		
Enclos	ed is a check for the following amount:		
<b>X</b> \$2.	(additional copy is enclosed) Certified	te of Status &	
	MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCT SERVICE, L	LC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>LITOOTZB(ew8</u> .	were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	120 COMMODOREDE, HUZ
(Principal office address MUST BE A STREET ADDRESS)	PLANTATION, FL 33325
Enter a marriage address of conditionals	<u>ان ج</u> رُ
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> :
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 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PAULBAHNERMAN	146.82 NW ZEALE	<b>_</b>
		UPA-LOCKA, FL 33054	<b>D</b> KRemove
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If an effective date is lis Note: If the date ins	her than the date of filing: 2  ed, the date must be specific and cannot be prior to erted in this block does not meet the applicable date on the Department of State's records.	date of filing or more than 90 days after	r filing.) Pursuant to 605.020
he record specific The 90th day a	es a delayed effective date, but not fter the record is filed.	an effective time, at 12:01	a.m. on the earlier
Dated	TO	zed representative of a member	
		and representative of a member	

Page 3 of 3

Filing Fee: \$25.00