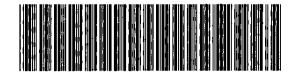
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SECRETARY OF STATE
SECRE

C. LEWIS

APR -3 2012

EXAMINER

™ COVER LETTER •

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TO: Registration S Division of Co	Section orporations	•	
SUBJECT:	M2	PCD,LLC	
		ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	pondence concerning this matte	to the following:	
	WAYNE F. RICHARDSON		
Name of Person			
ACT ACCOUNTING & TAX INC			
Firm/Company			
13746 N. NEBRASKA AVENUE			
		Address	
	TAMPA, FL 33613		
		City/State and Zip Code	
WFR E-mail address:		ichardsoncpa@aom.com to be used for future annual report notifi	cation)
For further information	concerning this matter, please of	•	·
347	- E D'alandan	0.40	074 0400
	ne F. Richardson	at (813) Area Code & Daytime	374-2409
		•	•
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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section		STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA M2PCD, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 03/26/2012 ____ and assigned The Articles of Organization for this Limited Liability Company were filed on _____ L12000041549 Florida document number 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City 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

Page 1 of 2

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 **Address Type of Action** Name **MGRM** LATREISA WILSON LLC 2649 SILVER SPRINGS BLVD ☐ Add OCALA, FL 34474 ✓ Remove RED BIRD UNLIMITED LLC MGRM 3330 NW 2ND AVENUE ✓ Add ☐ Remove OCALA, FL 34475 ☐ Add Remove Add Remove \square Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 30TH 2012 Dated 95 Signature of a member or authorized representative of a member WAYNE F. RICHARDSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00