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J. SAULSBERRY EXAMINER

DEC 26 2812

COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: MDC	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	MICHAE	Name of Person			
		PITHL HOLDINGS CLC			
		Annes Dr. Address		2012 DI SLOR TALLA	
	BOCA RATE	City/State and Zip Code	96	2012 DEC 19 AM 8 30 SUPPLIARY OF STATE TALLAHASSEE FLORIDA	
	MAE // E-mail address: (to	56/ AOL. COM o be used for future annual report notificati	ion)	F STAT	
For further information of	concerning this matter, please ca	all:		3 6 6	
MICHAEL Name	TISENBTUG of Person	at (<u>776</u>) <u>878 - 774</u> Area Code & Daytime To	elephone 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)	Certified (of Status &	sed)

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

Mrs Capital	Mach	111		ENS.	
(Name of the Limited	Liability Compar Florida Limited L	y as it now appears lability Company)	s on our records.)	STOP B	
Name of the Limited (A) The Articles of Organization for this Limited Lia Florida document number	bility Company	were filed on <u>Nov</u>	unker 13, 20	2/28 and and	gned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here	:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compan	y," the designation	"LLC" or the al	bbreviation
Enter new principal offices address, if applica	ble:	_ 3/67	ST. Ann	es Da	
Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ADDRESS)	DOCK K	ATON FL	. 3349	6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	3167 S BOCA	T. Annes RATON	Da. FL 3	3496
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered off ce address here	ice address on o	ur records, <u>enter</u>	the name of	the new
Name of New Registered Agent:					
New Registered Office Address:	3/6	7 ST.	Annes 1	Da.	
	0	Ente	er Florida street ac	ldress	
	BOCA	RATON City	, Florida _	<u>IS 49 [</u> Zip Code	2

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

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

<u> Title</u>	Name	Address	Type of Action
			Add
			Remov
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		/	Remov
	. 1	/	Remove Add Remove Remov
	- N	/ _N	
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D. If amei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
	/ *
Dated	12/14/12, 2012
	All
	Signature of a member or authorized representative of a member
	MICHAEL ESENSIVE Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2012 DEC 19 AM 8: 30