U300016101

(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:

Office Use Only



900244611899

02/26/13--01002--013 **175.00

OF SHA OF LAR.

FEB 2 8 2012 D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

MT4 - LPH7, 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:

Sandra M. Ferrera

Name of Person

Meland Russin & Budwick, P.A.

Firm/Company

200 S. Biscayne Blvd., Suite 3200

Address

Miami, Florida 33131

City/State and Zip Code

sferrera@melandrussin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra M. Ferrera

_,305₃58-6363

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MT4 - LPH7, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on ou Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability	Company were filed on January	30, 2013	_ and assign	ıed
Florida document number L13000016101	<u></u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the we'L.L.C."	ords "Limited Liability Company," the	designation "LL	C" or the abbi	reviation
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADD	RESS)			
			200	
				4 24
Enter new mailing address, if applicable:		Š	2001 0001	
(Mailing address MAY BE A POST OFFICE BOX)		ξ !	<u> </u>	
Truming universal filter beautiful des et a leeb beautiful			<u>।</u> पुष्ति अद्य	
		,		
B. If amending the registered agent and/or reging registered agent and/or the new registered office ad		ords, enter the	name of t	<u>he nev</u>
Name of New Registered Agent:				
New Registered Office Address:	P			
	Enter Florida street address			
	City [,]	_, Florida	Zip 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 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 MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRM	305 Real Estate Holdings, LLC	900 Biscayne Blvd, #5812	2 🔽 Add
		Miami, FL 33132	Remove
			Add
			Remove
			Add
			Remove
			-
			Add
		7 (A) (A) (B)	Remove
		00 S. C.	Add
		See	Remove
			Add
			Remove

D. If amending any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)
	
Dated February 21	, 2013
	Signature of a member of authorized representative of a member
	Typed or printed name of signee Page 3 of 3
	Filing Fee: \S25.00

PRINTER SEEFLORIDA