

Division of Corporations

L13000022179

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC
Account Number : I20060000012
Phone : (305) 826-5886
Fax Number : (305) 722-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MGPC EXECUTIVE SUITE LLC

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Corporate Filing Menu

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2013 FEB 20 AM 8:57

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



February 18, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MGPC EXECUTIVE SUITE LLC
18792 NW 79 WAY
HIALEAH, FL 33015US

SUBJECT: MGPC EXECUTIVE SUITE LLC
REF: L13000022179

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Page 2 of 3 is missing from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H13000036783
Letter Number: 913A00003879

RECEIVED
13 FEB 20 PM 1:57
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TALLAHASSEE, FLORIDA

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2013 FEB 20 AM 8:57

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGPC EXECUTIVE SUITES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/12/2013 and assigned
Florida document number L13000022179

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

_____, Florida _____
City 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SANCHEZ, VIVIAN	18792 NW 79 WAY	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated FEBRUARY 13, 2013

Patrick Gutierrez

Signature of a member or authorized representative of a member

Patrick Gutierrez

Typed or printed name of signee

Page 3 of 3

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TALLAHASSEE, FLORIDA