... L136000 58912

Office Use Only



000249482000

07/11/13--01010--033 **25.00



COVER LETTER

TO: Registration Section Division of Corpora					
SUBJECT: M		EHT 1 LLC ed Liability Company			
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.			
Please return all corresponder	ice concerning this matter t	o the following:			
_	BRENda	BEAU CHAMP Name of Person			
_		Firm/Company			
-	16153	SW 15 St Address	And the state of t		
_	PEMBRO Ke	PIMES FL 33	;027		
_	PB 623 57 E-mail address: (to	Address PIMES FC 37 City/State and Zip Code © YHHOO. COM be used for future annual report notification) Z c	, <u> </u>	
For further information conce	rning this matter, please ca	D:	→ 2	3 JU	Carrier I
BRENDA OR PI	ERRE BEAUCHA	HIP at (954) 594 687 Area Code & Daytine Tele	7 SSR phone Number MO		St. outer
Name of Per Enclosed is a check for the fo		Area Code & Daytune Tele	phone Number E. FLORID	AK :: 15	
1	2\$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)

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

M P B INVESTMENT 1 (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 130000 58912</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7920 SW 10 St NIAU dER dALE FL 33068
(Principal office address MUST BE A STREET ADDRESS)	NIAU dER dALE FL 33068
Enter new mailing address, if applicable:	16153 SW 15 ST
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PIMES FL 33027
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	
	. Florida Zip Code
	Cuy 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
SECT	BEAUCHAMPS PIERRE	16153 SW 15 ST	Add
		PEMISROKE PIMES Fl 3302	7 Remove
<u>SECT</u>	BEAUCHAMP MARIE F	16153 SW 15 9+ Pembroke Pines Fl 3302	
			Add
			Remove
			Add SECRETA SECRETA
			SEE FLORIDA Remove
			Add
			Remove

If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· •	•

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_	Q 13
d_ <u>7-</u>	8-13
	RRM
-	Signature of a filember or authorized representative of a member
	BRENDA BEAUCHAMP Typed or printed name of signee
	l yped or printed name of signee

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Filing Fee: \$25.00

13 JUL 11 MII: 13
SECRETARY OF STATE
TALLAHASSEE, FLORID