

LI3100078013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

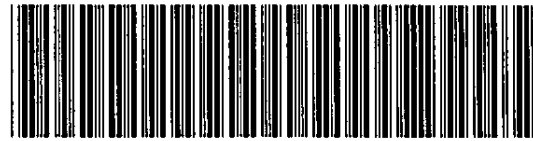
(Business Entity Name)

(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

K. SALY

NOV 14 2016

MPS

NORTH AMERICA LLC

To,

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

Sub: Filing of documents

Dear Sir,

Please find enclosed herewith following returns:

1. Articles of Amendment to Articles of Organization: For appointment of Ms. Yamini Tandon as Managing Member w.e.f. November 15, 2016 and change in principal place of business.
2. Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company: Resignation of Mr. Rahul Arora as the Managing Member of the Company.
3. Cheque of \$ 110 payable to the Florida Department of State for the total amount of filing fees along with the certified copies of the above returns.

You are requested to acknowledge the enclosed documents and provide the certified copies of the same.

For MPS North America LLC



Managing Member

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MPS North America 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:

Yamini Tandon

Name of Person

MPS North America LLC

Firm/Company

5750 Major Blvd., Suite 100,

Address

Orlando, FL 32819

City/State and Zip Code

sunit.malhotra@adi-mps.com

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

For further information concerning this matter, please call:

Andrew Brigmond

407

472-1280

at ()

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPS North America 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 05/29/2013 and assigned
Florida document number L13000078013

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 contain the words "Limited Liability Company," the designation "L.L.C." 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:

5750 Major Blvd., Suite 100,

Enter Florida street address

Orlando,

Florida 32819

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RAHUL ARORA	1717 NE 42nd Avenue, Suite 2101	☐ Add
		Portland, Oregon 97213	☐ Remove
			☐ Change
MGRM	YAMINI TANDON	205E 92 GT #24A	☐ Add
		24th Floor, New York 10029	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: November 15, 2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 13 2016

Rahul Arora

Signature of a member or authorized representative of a member

RAHUL ARORA

Typed or printed name of signee