

L130000102586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

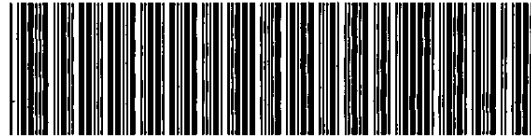
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Surah NOV 7 2013



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARKET PLACE SOLUTION PROVIDERS, 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:

WILLIAM J. KANE II

Name of Person

MARKET PLACE SOLUTIONS PROVIDERS, LLC.

Firm/Company

6798 CROSSWINDS DR N STE. 100

Address

ST. PETERSBURG FL 33710

City/State and Zip Code

WILLIAM@MARKETPLACESP.COM

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

For further information concerning this matter, please call:

WILLIAM KANE

Name of Person

at (**727**) **498.5510**

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**

MARKETPLACE SOLUTION PROVIDERS, 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 07/19/2013 and assigned
Florida document number L13000102586.

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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:

Doli Ann Davy

New Registered Office Address:

3020 49th St. N

Enter Florida street address

St. Petersburg

City

, Florida 33710

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.

Doli Ann Davy
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:

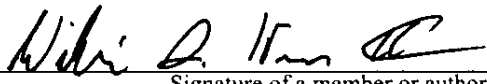
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL WEAVER	5022 39th STREET NORTH	☐ Add
		SAINT PETERSBURG, FL 33702	☒ Remove
MGR	SANDY Ann Macaulay	358 E UNION ST.	☒ Add
		NEWARK N.Y. 14513	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated 10/24/2013



Signature of a member or authorized representative of a member

WILLIAM J. KANE II

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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