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JAN 1 4 2013 T. **HAMPTON**

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: MT		Operties, LLC ted Liability Conipany	
The enclosed Articles of Arr	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Lisa R.		WAY AND THE RESIDENCE OF THE PARTY OF THE PA
		Name of Person	
		Firm/Company	
	7575 Dr. F	Phillips Blvd., Ste.	255
	<u>Orlando</u>	FL 32819 City/State and Zip Code	
-	LPatten @ OC B-mail address: (1Henlawfirm, com	ion)
For further information conc	erning this matter, please co	all:	
Lisa R. Patter	Tson	at (HO7) 2240 -911 Area Code Daytime Te	5 lephone Number
Enclosed is a check for the fo	ollowing 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

25
2014
and assigned
5 F
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्रहे
or the abbreviation
name of the new

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Address Title Name Gan Investments, uc 9695 Camperley Circle \ add MGRM Orlando, FL 32834 Remove E+JInvestments, uc 9695 Camberley Circle Dadd MGRM Orlando, FL 32836 Remove GMNM Involments, LC 9695 Camberley Circle [X) Add MGRM Orlando, FL 32836 Remove EMJM Involments, LC 9695 Camberley Circle XAdd MGRM Orlando, FL 32836 Remove Remove

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

E. Effective date, if other (If an effective date is listed	than the date of filing:	(optional) e more than 90 days after filing.) (605.0207 (3)(b)
Dated January	8 . 2014 .	
***************************************	Signature of a member or authorize	ed representative of a member
	Lisa R. Patten	•
 	Typed or printed na	ame of signee
	Page 3	of 3

Filing Fee: \$25.00