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Office Use Only



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COVER LETTER

TO: Registration So Division of Con					
MPC	International I	Properties			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Stephen Mo	scicki			
		Name of Person		•	
		Firm/Company			
		Address		201 124	
Naples, Fl 34102					112
	js@firstcoalllc.con			2014 JAN 23 F SCUALIANASSEE	
For further information c	E-mail address: () concerning this matter, please ca	to be used for future annual report notifi	cation)	PM 3: 04 CF STATE E FLORIDI	jan jan
			122	26 C	
Stephen M	of Person	at (239) 207-14	Telephone Number		
name (n retson	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:	•			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

MPC International Prop					
(Name of the Limi	ted Liability Co (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)		
The Articles of Organization for this Limited L Florida document number L1400000208	iability Comp.	any were filed on <mark>Jai</mark>	nuary 06, 2014	and assig	gned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited l	iability company her	<u>·e</u> :		
NA					
The new name must be distinguishable and end with the	words "Limited	Liability Company," the d	esignation "LLC" or the a	ibbreviatio 🚤 .	L.C."
Enter new principal offices address, if applic	able:	NA			1 1
(Principal office address MUST BE A STREET ADDRES		2			1-1000001
				※三つ	
				PH PH	1 1
Enter new mailing address, if applicable:		NA		(S) (S) (S) (S)	·
(Mailing address MAY BE A POST OFFICE			5 F		
B. If amending the registered agent and registered agent and/or the new registered o			our records, <u>enter</u>	the name o	f the nev
Name of New Registered Agent:	NA				
New Registered Office Address:					
		Enter Florie	la 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 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 **Title Type of Action** Name **Address** 4761 West Bay Blvd Tina Marie Mayr MGR **■** Add Estero, Florida 33928 ☐ Remove _□ Add ☐ Remove ☐ Remove

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	01_06_2013	
ffective date, if other than the date of filin he effective date must be specific, cannot be prior to date.	te of receipt or filed date and cannot be mo	(optional) re than 90 days after
the data ship down and he did allow the fills also Decided	nt of State)	
	2014	
Dated January 13	2014	
Dated January 13 Mori L. Signature of a		member
Dated January 13	2014	member

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Filing Fee: \$25.00

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