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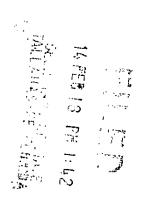
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PICK-UP	☐ WAIT	MAIL .
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J. Shavers FEB 1 > 2014

### **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: MRL E	Exchange LLC Name of Limite	ed Liability Company	<del></del>
The enclosed Articles of An	nendment and fee(s) are subm	sitted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Michael L	EE Name of Person	· · · · · · · · · · · · · · · · · · ·
	MRL Exch	ange Firm/Company	
	918 29th 5		
	West Palm Beach	City/State and Zip Code	<del> </del>
	Mr lexchange & E-mail address: (to	be used for future annual report notific	cation)
For further information cond	cerning this matter, please cal	I:	
Michael LEE Name of Po	erson	at ( <u>561</u> ) <u>512 - 895</u> Area Code Daytime	54 Telephone Number
Enclosed is a check for the t	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

## TO ARTICLES OF ORGANIZATION OF

MRL Exchange LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co	<u>w appears on our records.</u> ) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on 01/09/2014 and assigned
Florida document number <u>LN400004770</u> .	
Γhis amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and end with the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	A.o. =
	12. CM
Inter new mailing address, if applicable:	်ပို့ကို လ ျိုက်ကြီး ကြ
Mailing address MAY BE A POST OFFICE BOX)	179
	100 mm
	EM N
3. If amending the registered agent and/or registered office addressing states and segment and/or the new registered office address here:	ress on our records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	
	Inter Florida street address
	, Florida
City	Zin 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

### Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Michael LEE	918 29th St.	⊠ Add
		West Palm Beach, Fl 33407	□ Remove
			□ Remove
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			6 CO
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Filing Fee: \$25.00

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