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TO ACKNOWLEDGE

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FILED SECRETARY OF STATE DIVISION OF CORPORATIO

JUN 1 6 2015

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COVER LETTER

	Realcan LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.				
Please return all corresponder	ondence concerning this matter to the following:				
	Francis Hannon, Esq.				
	Name of Person				
	DeWitt Law Firm, P.A.				
	Firm/Company				
	607 W. Bay Street				
	Address				
	Tampa, FL 33606				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For further information of	concerning this matter, please call:				
Andrew Hoek	813 251-2701				
at () Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

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Amendment

ARTICLES OF ORGANIZATION

(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on ou ad Liability Company)	r records.)
The Articles of Organization for this Limited In Electric Inc. Line Inc. Lin	Liability Compa	ny were filed on	4 and assigned
This amendment is submitted to amend the for	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
M & P Realcan LLC			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	office address h	office address on our ere:	records, <u>enter the name of th</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stre	et address
			779 T. E
			, Florida

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
SEE FLORIDA
Page 1 of 3

FLORIDA

FLOR

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
N/A N/A	N/A	N/A	
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