4140000089317

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COVER LETTER

COVERLETTER	, *
TO: Registration Section Division of Corporations	
SUBJECT: MVP International Properties 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:	
Alex Ortiz, CPA	
Name of Person	
Suarez, Ortiz & Vega, CPA's, PL	ZZ SEP SEP
Firm/Company	G 1
354 Sevilla Ave	AP OF THE STATE OF
Address	40 av 41
Coral Gables, FL 33134	
City/State and Zip Code	
alex@sovcpas.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	•
Alex Ortiz 305, 448-5255	
Name of Person Area Code Daytime Telephone N	umber
Enclosed is a check for the following amount:	

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

■ \$25.00 Filing Fee

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□ \$30.00 Filing Fee &

Certificate of Status

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MVP International Properties LLC		
(A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L1400089317	Company were filed on <u>06/04/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2 · · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDR	RESS)	सुर हो स
		(m) to 00 1 1 mm
Enter new mailing address, if applicable:		कार्य की
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		r the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marcio B. De Barros	354 Sevilla Ave	■ Add
		Coral Gables, FL 33	3134 _ Remove
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Add
			Remove
	<b>74</b> 6		22
			Remove
	-		□ Add
			Remove
			□ Add
			Remove
			□ Add
			□ Remove

	formation, enter change(s) here: (Attach additional	u sneets, if necessary.)
Effective date, if other th	an the date of filing: 09/11/2014 fic. cannot be prior to date of receipt or filed date and cannot be n	(optional)
Dated 65/11/2014	Signature of a member or authorized representative of	
X MA	Typed or printed name of signee	a member

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Filing Fee: \$25.00