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COVER LETTER

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Division of Corp		•	
MPM 17/ SUBJECT:	A, LLC		
SUBJECT.	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Michael I Bernstein		
		Name of Person	· · · · · ·
	The Bernstein Law F	ïrm	
		Firm/Company	
	1688 Meridian Avenu	ue, Suite #418	
		Address	
	Miami Beach, FL 33	139	
		City/State and Zip Code	
	michael@bernstein-la		
		o be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	ill:	
Michael I Bernstein	1	305 672-9544	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPM 17A, LLC		
(Name of the Limited Liability Comp	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000108878		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		r the name of the new
	Enter Florida street address , Florida	R R
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>ti</u>	Sign of

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

<u>Title</u>	Name	Address	Type of Action
MGR	Marina Plaza 17A, SA	Calle 51 Y Avenida Manuel Icaza	Add
		4 Piso Oficina 412 Bellavist, PA Panam	a ■ Remove
MGR		MPM 17A, LLC	Add
		1688 Meridian Avenue, Suite #418	□ Remove
		Miami Beach, Florida 33139	_
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			□ Remove
			Add Add Renewe
			28 PA Aod Aod S
			□ Add
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ective date, if other than the date of filit effective date must be specific, cannot be prior to date this document is filed by the Florida, Departm	date of receipt or filed date and cannot be more than 90 days after
October 27	2014
ed Colober 27	
Signature d	a member or authorized representative of a member
Raziel Ofer, Manager	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE