L190000000643

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	-
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ie)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600273289336

06/16/15--01007--012 **25.00

SECHETARY OF STATE FALLAHASSEE, FLORIDA

SECRETARY OF STATE DIVISION OF CORPORATIONS

JUN 17 2015

S MASON

COVER LETTER

	gistration Sec ision of Corp			
SUBJECT:	MTAC HOL	DINGS LLC		
SOBJECT,	* 100 t :	Name of Lim	ited Liability Company	
The enclosed	1 Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
			Name of Person	
•		BIZNET WORLDWIDE V		
			Firm/Company	
		1293 N UNIVERSITY DR	RIVE #126	
			Address	
		CORAL SPRINGS, FL 33	071	
		BIZNETWORLDWIDE@A	City/State and Zip Code	
		•	to be used for future annual report notific	cation)
For further i	nformation co	ncerning this matter, please ca	all:	
RICHARD	PAPALEO		954 753=8587 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 E	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)
				\$\tau_{\chi_0} \frac{1}{5}

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

SECRETARY OF STATE

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability (</u> A Florida Li		
	Company as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Conformation Florida document number	3	0312015 and assigned
The new name must be distinguishable and contain the words "Limited	Liability Company, the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida stree	1 address
	Enter Florida stree	, Florida
	Enter Florida stree City	
	City	, Florida

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MR	RICHARD PAPALEO	1293 N UNIVERSITY DRIVE #12	■ Add
		MANAGING MEMBER	□ Remove
			Change
MR	RICCARDO PAPALEO	1293 N UNIVERISTY DRIVE #12	
			■ Remove
			☐ Change
MRS	DOMINICA PAPALEO	1293 N UNIVERISTY DRIVE #12	■ Add
		MEMBER	□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove JV SECRETARY SECRETARY JALIAHASSEE
		:	ARY OF STATE SEE. FLORIDA

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessity)	essary.)		
	· · · · · · · · · · · · · · · · · · ·			
-				
		·		_
		· · ·	··· ·· -	_
-				_
			· ··	
				
			·	
				<u> </u>
(If an ef Note:	ive date, if other than the date of filing: 6/12/15 (option of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after after the date inserted in this block does not meet the applicable statutory filing requirements, this sent's effective date on the Department of State's records.	filing.) Purs		
	cord specifies a delayed effective date, but not an effective time, at 12:01 ages 90th day after the record is filed.	ı.m. on t	:he ea	rlier of:
Dated	6/1/15 Diojan.	SECRE	15 JUN	SECRET
	Signature of a member or authorized representative of a member	NARY OF SSEEL FL	6 AH	FILED ARY OF S
	Typed or printed name of signee	- ORDE	~ 	STATI

Page 3 of 3

Filing Fee: \$25.00