## L15000174532

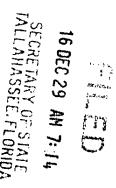
(Requ	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
(Doct	ument Number) Certificate	

Office Use Only



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## **COVER LETTER**

Division of Co	rporations		
CHRICT	МРВ	2, LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Michael P. Brown		
		Name of Person	
		Firm/Company	
	P.O. Box 611282		
		Address	
	Rosemary Beach, F	L 32461	
		City/State and Zip Code	
	brownmikep@yahoo.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Edward A. Hutchison, J	r.	850 769-1414 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the 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)

Registration Section

TO:

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

MPB2,	LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears ability Company)	s on our records.)	<del></del> _
The Articles of Organization for this Limited Liability Company vilorida document number 47-5312029		10/13/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :	
he new name must be distinguishable and contain the words 'Limited Liabili	ty Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	104 N. Barre	ett Sq., 3C	
Principal office address MUST BE A STREET ADDRESS)	Rosemary E	Beach, FL 32461	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	P.O. Box	611282 y Beach, FL 32461	
			<u>.                                    </u>
<ol> <li>If amending the registered agent and/or registered off egistered agent and/or the new registered office address here</li> </ol>		our records, ente	er the name of the n
Name of New Registered Agent:		<u>-</u>	16 CR SECRE
New Registered Office Address:	Enter Flori	da street address	C 29
		, Florida _	TOF ₹ 175
	City		Stip Code
New Registered Agent's Signature, if changing Registered Agent:			2月 1

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 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
AMBR	Rita Brown	P.O. Box 611282	
		Rosemary Beach, FL 32461	Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			Change
		<del>-</del>	D Add
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Page 3 of 3

Filing Fee: \$25.00