

L15000192168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

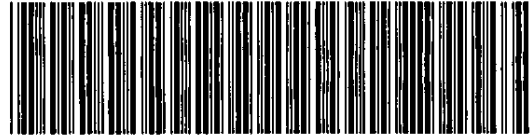
(Business Entity Name)

(Document Number)

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LAW OFFICES

ALLEY, MAASS, ROGERS & LINDSAY, P.A.

1331 S.E. OCEAN BOULEVARD

STUART, FL 34996-2621

(772) 287-4404

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CAROL S. WAXLER

CWAXLER@AMRL.COM

PALM BEACH OFFICE:

340 ROYAL POINCIANA WAY

SUITE 321

P.O. Box 431

PALM BEACH, FL 33480-0431

TEL: 561-659-1770

FAX: 561-833-2261

December 11, 2015

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

**VIA USPS PRIORITY MAIL**

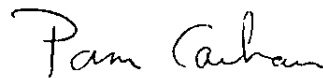
Re: MPW HOLDINGS LLC

Dear Madam or Sir:

Enclosed please find the Articles of Amendment for MPW Holdings LLC, as well as check number 1068 made payable to the Florida Department of State in the amount of \$25.00 representing the filing fee for the Articles. I have also enclosed a completed cover letter containing the requisite information.

If you have any questions in this regard, please do not hesitate to contact this office. Thank you.

Sincerely,



Pam Cowham,  
Legal Assistant

/pac  
enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MPW HOLDINGS 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:

CAROL S. WAXLER

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1331 SE OCEAN BOULEVARD

\_\_\_\_\_  
Address

STUART, FL 34996

\_\_\_\_\_  
City/State and Zip Code

PEGJAP@COMCAST.NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL S. WAXLER

772 287-4404  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

MPW HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 12, 2015 and assigned  
Florida document number L15000192168.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

56 S.W. Albany Avenue

Stuart, FL 34994

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

56 S.W. Albany Avenue

Stuart, FL 34994

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN PATERSON	c/o Paterson Accounting	<input checked="" type="checkbox"/> Add
		56 Albany Avenue	<input type="checkbox"/> Remove
		Stuart, FL 34994	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 WILLIAMS-FLORIDA

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Carol S. Waxler

Typed or printed name of signee