## 15000199527

(Re	equestor's Name)	
- (Ad	dress)	<del> </del>
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(Bu	isiness Entity Nar	ne)
(Dc	ocument Number)	<u>.</u>
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SECRETARY OF STATE
TALLAHASSEE: FLORIDA

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## **COVER LETTER**

TO: Registration Division of	n Section Corporations	
Holiday SUBJECT:	in Florida LLC	
BOBSECT.	Name of Limited Liability Company	
The section of Audiense	- CA was adversed and Core Core and A wide of Core City	
	of Amendment and fee(s) are submitted for filing.	
Please return all corn	espondence concerning this matter to the following:	
	Klaus Hackbarth	
	Name of Person	
	MPMCC LLC	
	Firm/Company	
	3815 Surfside Blvd.	
	Address	
	Cape Coral, FL, 33914	
	City/State and Zip Code	
	klaus@mpmcc.com	
For further information	E-mail address: (to be used for future annual report notification)	
Klaus Hackbarth		
· Ne	at( )	المرتبعة ا
1341	U P	U
Enclosed is a check f	or the following amount:	<u> </u>
\$25.00 Filing Fee	500	•

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

Holiday in Florida LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on Novembe	r 30th, 2015 and assigned
Florida document number L15000199527		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7 <u>\$ 21</u> 15
		7. T.
Enter new mailing address, if applicable:		SST I
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	무리 두
D. If amounting the projectional arrest and to resistant.		₹. O
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		records, enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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>	Name	Address	Type of Action
MGR	Klaus Hackbarth	3815 Surfside Blvd	
		Cape Coral, FL, 33914	☐ Remove
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we date, if other than the date of filing ctive date is listed, the date must be specific an lift the date inserted in this block does not exit's effective date on the Department of cord specifies a delayed effective of 90th day after the record is filed.	d cannot be prior to da meet the applicable State's records. date, but not an	statutory filing requ	ir <del>eme</del> nts, this date	.) Pursuant to 605 will not be list
December, 10th	, 2015			
tanh	b ar			

Page 3 of 3

Filing Fee: \$25.00