## L15000205461

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TEBOA 2016 J. HARRIS

## COVER LETTER ''

. Division of Cor	porations		
SUBJECT: M & M Ca	pital Holdings, LLC		
30B0E1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alejandro Vilarello, Esq.		
		Name of Person	
	Alejandro Vilarello PA		
		Firm/Company	
	16400 NW 59th Avenue		
		Address	
	Miami Lakes, Florida 3301	14	
	·	City/State and Zip Code	
	AVLAW@Vilarello.com		
	E-mail address: (t	to be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	all:	
Alejandro Vilarello		305 299-5550 at ( )	
Name o	f Person	at () Area Code Daytime T	Celephone 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:

TO:

**Registration Section** 

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

M & M Capital 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 12/09/2015 and assigned Florida document number 115000205461 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MPC Capital Holdings, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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 Title <u>Name</u> **Address Type of Action** □ Add □ Remove \_□ Change \_□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Remove \_□ Change □ Add ☐ Remove ☐ Change

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<b>ffective date, if other than th</b> an effective date is listed, the date m	ne date of filing: oust be specific and o	cannot be prior to dat	e of filing or more than 9	(optional) 0 days after filing.)	Pursuant to 605	5.02
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	Signature of a th	ember or authorized	representative of a mem	ber		

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Filing Fee: \$25.00