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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PROFESSIONAL SERVICES

Account Number : I20040000024 Phone : (786)303-5010 Fax Number : (305)403-1061

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	·	

SEGNETARY OF STATE

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MPR CONSTRUCTION HOLDINGS LLC

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JAN 10 2017

TO:

Registration Section

**Division of Corporations** 

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Law Services P.A.
Name of Person
Firm/Company
3126 Coral Way
Address
City/State and Zip Code
E-mail qdd/ess: (to be used for future annual report notification)
For further information concerning this matter, please call:
Javier 1 205 19 0581

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

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

## 01/09/2017 11:58 PROFESSIONAL SERVICES, LLC

## RTICLES OF AMENDMENT (\_\_) ARTICLES OF ORGANIZATION

ed 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 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 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 Florida 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

Page 1 of 3

□ Remove

☐ Change

MGR = Manager

AMBR = Authorized Member

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

Title	Name	Type of Action	
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Filing Fee: \$25.00