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(R	equestor's Name)	
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
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## **COVER LETTER**

Division of Cor				
SUBJECT: Met	ropolitan MA Name of Lim	IPI LLC		
	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:		
	Leonard	Le eds Name of Person	ZHI JAN 16	1 =
	6840 LIONS	Firm/Company  Head Lane  Address	D D 58	
	Boca Roll Jeffreyleeds:	City/State and Zip Code  City/State and Zip Code  Oly Grand Co.  to be used for future annual report notif	M. Tication)	
For further information of	oncerning this matter, please c			
Leonard D	Leds of Person	at (\(\sum_6'\) Area Code Daytime	C 9 9 Telephone Number	
Enclosed is a check for the	he 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)	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MeTrapolitan MHP TC 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 June 17, 2016 and assigned Florida document number <u>L 16000 115 334</u> 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 "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.

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 Address YEUR HARMON COVE TOWER SECAUCUS, NJ 01094 Title 1 **Type of Action** AMBR Jeffrey Leeds □ Remove ☐ Change □ Add ☐ Remove Remove 53 ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

☐ Change

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effective (	date is listed, th	t <b>han the date</b> te date must be sp	pecific and o	cannot be prior	to date of filin	ng or more than	90 days aft	er filing.)		
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Filing Fee: \$25.00