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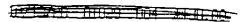
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: South Professional group M PORT C-ExpORT 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:
South Professional Group Import Coppet LLC Firm/Company
16356 88th lode North
City/State and Zip Code  Ser 9956 C hot mail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
South France   at (1) Hold 3745330  Name of Person   Area Code   Daytime Telephone Number
Enclosed is a check for the following amount:

## Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Mutersion	nd Group MPONTA 5014 LLC
( <u>Name of the I fimited Liabilit</u> (A Florida	ty Company as it now spears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>(16000 1299</u>	
This amendment is submitted to amend the following:	. ·
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "ELC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PESS) 28 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ANTION HENTE  16376  1 Sth Made Nonth-  Enter Florida, street address
	Enter Florida, street address  City  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.

Thanking 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

Title	<u>Name</u>	Address	Type of Action
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Note: If	the date inserted in this bloo	ck does not meet the	e applicable statute	ory filing requirem	ents, this date wil	l not be listed
documen	t's effective date on the Dep	partment of State 5	records.			
	pecifies a delayed effective	date, but not an effe	ective time, at 12:0	H a.m. on the earl	ier of: (b) The 90	Oth day after t
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Dated	·	Signature of a member	<i>#</i>			

Filing Fee: \$25.00