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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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MAR 27 2017 S. YOUNG TALLAHASSEE, ELOSIDA

## COVER LETTER

TO:	Registration Se Division of Cor		<b>4</b>	
	•	TMENTS & HOLDINGS LL	С	
SUBJI	ECT:	Name of Lin	nited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Mackenson Pierre		
			Name of Person	
		MP INVESTMENTS & H	IOLDINGS LLC	TART. C
			Firm/Company	
		80 sw 8th st suite 2000		
			Address	
		miami, FL 33130		
		mpinvestmentsandholdings	City/State and Zip Code	<u></u>
			(to be used for future annual report no	tification)
For fur	ther information c	oncerning this matter, please c	all:	
Macke	enson Pierre		305 520-0156	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2.	5.00 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)
	Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corporation Building 2661 Executive Country Tallahassee, FL 3	crations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MP INVESTMENTS & HOLDINGS LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The state of the s	11: 0		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	nation "L.L.C."	Tin.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	80 sw 8th st suite 2000, miami, FL 33130	I R	27
		₹0 ~2	77.7
		12.	No.
Enter new mailing address, if applicable:	80 sw 8th st suite 2000, miami, FL 33130	PH	E. 3
(Mailing address MAY BE A POST OFFICE BOX)		ب	
			1 27
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the	e new
Name of New Registered Agent			_
New Registered Office Address:	Enter Florida street address	<u>.</u>	<del></del>
	Emer r wrua street aarress		
	, Florida		
	City 2	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records:</u>

MGR = M $AMBR = A$	fanager authorized Member		,
<u>Title</u>	Name	Address	Type of Action
	***************************************		
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		MAR 24
		PH 3:
ctive date, if other than th	date of filing:	(optional)
effective date is listed, the date m e: If the date inserted in this t ument's effective date on the l	t be specific and cannot be prior to date of filing or m ock does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.0207
record specifies a delaye he 90th day after the re	l effective date, but not an effective tord is filed.	ime, at 12:01 a.m. on the earlier of
March 23	2017	
		_
	Signature of a thember or authorized representative	of a member
	DIRECTOR OF A DISTRICT OF AUDIOTIZED TESTESCHIMITY	or a monther

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Filing Fee: \$25.00