| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 173.561, 4733253

7X .

COST LIMIT : \$ 55.00

ORDER DATE : October 27, 2021

ORDER TIME : 9:42 AM

ORDER NO. : 173561-005

CUSTOMER NO: 4733253

DOMESTIC AMENDMENT FILING

AUTHORIZATION

NAME: MPCG HOLDINGS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS:

| TO: Registration S Division of Co | ection rporations | | |
|--------------------------------------|---|---|--|
| MPCG HO SUBJECT: | OLDINGS LLC | | |
| 30 00 000 | Name of Lir | nited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sul | bmitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | | Name of Limited Liability Company ant and fee(s) are submitted for filing. neerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) his matter, please call: at () Area Code Daytime Telephone Number 3 amount: 10 Filing Fee & \$555.00 Filing Fee & \$60.00 Filing Fee, | |
| | | Name of Person | |
| | | Firm/Company | |
| | | Address | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information of | concerning this matter, please c | all: | |
| Name o | of Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Addres | ··· | Strant Addisons | |

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

.DocuSign Envelope ID: AD821073-475A-4479-B2B9-84F341B753DB ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MPCG HOLDINGS LLC | | | | |
|---|--|--------------|---------------|----------|
| (Name of the Limited Liability Compa (A Florida Limited) | iny as it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company | were filed on February 7, 2017 | a | ınd assi | igned |
| Florida document number L17000030291 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | abbrevia | tion "L.I | C." |
| Enter new principal offices address, if applicable: | | | 20 | |
| Principal office address MUST BE A STREET ADDRESS) | | 7.7. 38.0 | 0.13 | ~ |
| · · · · · · · · · · · · · · · · · · · | | | 1 | r · |
| | | , * . | 2 |) F-2725 |
| Inter new mailing address, if applicable: | e/o MPUSA, LLC. 110 E Broward B | lvd 🏋 | 2279 | |
| Mailing address MAY BE A POST OFFICE BOX) | Suite 1700 | | φ. | ألعفت |
| | Ft. Lauderdale, FL 33301 | (1) | $\frac{3}{2}$ | |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | nddress on our records, enter the na | ame of th | he new | regist |
| New Registered Office Address: | Enter Florida street address | | | |
| | , Florida | | | |
| | , Florida _ | | 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.

DocuSign Envelope ID: AD821073-475A-4479-B2B9-84F341B753DB 11 amenting Authorized rerson(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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|--------------------------|--------------------------|
| MGR | RVSMP HOLDING, LLC | 110 E Broward Błvd | □Add |
| | | Suite 1700 | |
| | | Ft. Lauderdale, FL 33301 | □Change |
| MGR | MPUSA, LLC | 110 E Broward Blvd | ■ Add |
| | | Suite 1700 | 202 |
| | | Ft. Lauderdale, FL 33301 | Change |
| | | | DAdd D |
| | | | i. ⇔ :∺ IN □Remove |
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| flective date is listed, the date means the date in this | ne date of filing: nust be specific and cannot be prior to block does not meet the applicab Department of State's records. | date of filing or more than le statutory filing requir | (optional 90 days after filing ements, this date | A Porson | nt to 60: t be list |
| ord specifies a delayed effect iled. | ive date, but not an effective time | e, at 12:01 a.m. on the e | arlier of: (b) T | he 90th o | day afte |
| October 29 | . 2021 | | | | |
| | | | | | |
| Sevim | Signature of a member or authorize | | | | |

Filing Fee: \$25.00