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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO:					
SHBI	rer.	MPT Consu	alting, LLC		
30113	ECT.		Name of Lim	nited Liability Company	
The er	nclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	e return	all correspon	ndence concerning this matter	to the following:	
			Amauris Rodriguez		
Division of Corporations MPT Consulting, 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: Amauris Rodriguez Name of Person MPT Consulting, LLC Firm/Company 16446 SW 84 Lane Address Miami, FL 33193 City/State and Zip Code MPTConsulting.LLC@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amauris Rodriguez Name of Person 1 305 Area Code Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Pi\$ \$25.00 Filing Fee \$\Pi\$ \$30.00 Filing Fee & \$\Pi\$ \$55.00 Filing Fee & \$\Pi\$ \$60.00 Filing Fee.					
			MPT Consulting, LLC		
			·	Firm/Company	
			16446 SW 84 Lane		
				Address	
			Miami, FL 33193		
				City/State and Zip Code	
			E-mail address: (to be used for future annual report notifi	ication)
For tu	rther in	iformation co	oncerning this matter, please co	all:	
Amau	ris Roc	Iriguez		at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a	check for th	e following amount:		
₩ \$2	25.00 F	iling Fee		Certified Copy	Certificate of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPT Consulting, LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L1700056870</u>	npany were filed on March 13, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		36 ₹ £ £
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		PA PA
Enter new mailing address, if applicable:		————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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 aniending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
VP	Ydiana Rodriguez	16446 SW 84 Lane	= Add
		Miami, FL 33193	□ Remove
			☐ Change
			□ Remove
			□ Change
		_	Add
			☐ Remove
			Change
			Remove
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			D Add
			Remove
			Change
			Remove
			Change

	ownership in MPT Consulting, LLC		=
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Effective date, if other than the dat	of filing: 01/01/2018	(optional)	
f an effective date is listed, the date must be s	ecific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 60:	
document's effective date on the Depart	nent of State's records.	y filing requirements, this date will not be list	icu as iii
ne record specifies a delayed eff The 90th day after the record		ive time, at 12:01 a.m. on the earli	er of:
The Sour day after the record	J Med.		
Dated	2018		
	11D b		
Sign	ture of a member or authorized represen	lative of a member	
Jigi		7	

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Filing Fee: \$25.00