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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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APR 27 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPH FL	OOR INSTA	ALLATIONS LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Compai orida Limited L	ny as it now appears on our re Liability Company)	cords.)	
•	y Company	were filed on $\frac{03/14/2017}{}$	and assign	ned
Florida document numberL17000059179	·			
This amendment is submitted to amend the following	<b>;</b> :			
A. If amending name, enter the new name of the l	limited liabi	ility company here:		
N/A	is submitted to amend the following:  name, enter the new name of the limited liability company here:  N/A  be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  ipal offices address, if applicable:  Applicable:  N/A  26 SECTARY OF			
The new name must be distinguishable and contain the words "	Limited Liabil	ity Company," the designation	'LLC" or the abbreviation "L.L.C	. ,.
Enter new principal offices address, if applicable:		N/A		<del></del>
(Principal office address MUST BE A STREET ADDRESS)				ALL ALL
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				ASS
Enter new mailing address, if applicable:		N/A		10 Y
(Mailing address MAY BE A POST OFFICE BOX)	<u>)</u> •			13 15
	•			•
registered agent and/or the new registered office a	address her		eords, <u>enter the name of</u>	the new
Name of New Registered Agent: N/	<u>A</u>			
New Registered Office Address:		Enter Florida street a	ddress	
			, Florida	_
		City	Zip Code	<del></del>

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		TAMPA FL 33619	■ Remove
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet th	ie applicable s	of filing or more tatutory filing re	(optional than 90 days after filicapuirements, this days	al) ing.) Pursuant to 605. ate will not be liste	0207 d as '
e record specifies a delay The 90th day after the re		but not an	effective tim	e, at 12:01 a.n	n. on the earlie	r of:
Dated April 20	201	8				
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