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| (Requestor's Name) |
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| (Address) |
| (City/State/Zip/Phone #) |
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| (Document Number) |
| Certified Copies Certificates of Status |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | à E Accessories LLC |
|--|--|
| (Name of the Limited Liabil | lity Company as it now appears on our records.) da Limited Liability Company) |
| | Company were filed on |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | mited liability company here: MP leas Enterprises L.L.C.: E mited Liability Company." the designation "LLC" or the abbreviation "LLC." 71 |
| The new name must be distinguishable and contain the words "Lin | imited Liability Company," the designation "LLC" or the abbreviation "LLC." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADD | ٠ |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent: | gistered office address on our records, enter the name of the new ldress here: |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Register | red Agent: |
| provisions of all statutes relative to the proper and accept the obligations of my position as registered | nt and agree to act in this capacity. I further agree to comply with the decomplete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is ered office address. I hereby confirm that the limited liability te. |
| | If Changing Registered Agent, Signature of New Registered Agent |
| | Page 1 of 3 |

| f amending <i>a</i> or removed fr | Authorized Person(s) authorized to n rom our records: | nanage enter the title, name, an | d address of each person_being added |
|--------------------------------------|--|----------------------------------|--------------------------------------|
| MGR = Ma AMBR = Au | nager thorized Member | | |
| <u> Fitle</u> | Name | Address | Type of Action |
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|). If ame | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | |
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| (If an ef Note: | tive date, if other than the date of filing: [Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date whent's effective date on the Department of State's records. | Pursuant to 603 vill not be list | 5,0207 (3) ed as the |
| b) The | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the second is filed. | on the earli | er of: |
| Dated | June 12 2019 | | |
| | June 12 2019 Muakadom 1. Weman Signature of a member of authorized representative of a member Vurakadesia . Demons Typed or printed name of signee | <u>.</u> | |
| | Signature of a member of authorized representative of a member | | |
| | Typed or printed name of signee | | |

Page 3 of 3

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