## 118000099999

Office Use Only



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## **COVER LETTER**

TO:

	Registration S Division of Co.			
SUBJEC	m. MPD	STRATEGIC SOLUTIO	NS, LLC	
301360		Name of Lim	ited Liability Company	
The enclo	osed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		CHRISTINE S		
			Name of Person	
		DUNLAP & SHIPM	MAN, P. A.	
			Firm/Company	
		2063 COUNTY HIG	SHWAY 395	<del></del>
			Address	
		SANTA ROSA BEA	ACH, FL 32459	
			City/State and Zip Code	
			NLAPSHIPMAN.COM to be used for future annual report notif	ication)
For furth	er information o	concerning this matter, please co	all:	
CHRI	STINE SUT	HERLIN	at (850 ) 231-331	5
	Name o	of Person		: Telephone Number
Enclosed	is a check for t	he following amount:		
<b>⊠</b> \$25.0	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)
	Regist Divisi P.O. B	JING ADDRESS: ration Section on of Corporations fox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corport Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPD STRATEGIC SOLUTION		<del></del>
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on APRIL 20, 2018	and assigned
Florida document number <u>L18000099999</u> .		<b>5</b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	2
		<u>.</u> :
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	348 L'Atrium Circle	E
(Principal office address MUST BE A STREET ADDRESS)	Miramar Beach, FL 32550-4	589
· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:	348 L'Atrium Circle	
(Mailing address MAY BE A POST OFFICE BOX)	Miramar Beach, FL 32550-4	589
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the ne
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			☐ Change
			☐ Add
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
<u></u>			Add
			□ Remove
			□ Chanue

•		
. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	tive date, if other than the date of filing:	.0207 (3) ed as the
the re ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	NOVEMBER 14 2018	
	Signature of a member or authorized representative of a member	
	"/ MICHAEL P. DYKSTRA	

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Typed or printed name of signee

Filing Fee: \$25.00