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eric@erichaug.com
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TALLAHASSEE, FLORIDA 32317

P: 850.583.1480 C: 850.251.2463 F: 855.825.4449

July 11, 2018

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: MLP Family Investments, LLC; Document Number: L18000162199

Enclosed please find Articles of Amendment to Articles of Organization of MLP Family Investments, LLC. The Amendment is being submitted due to a data entry error as to the name of one of the Authorized Members. Also enclosed is check number 2468 in the amount of \$25.00 to be applied to this filing fee.

Please use the above contact information for all correspondence and if further information is needed for this matter. Thank you in advance for your attention to this matter.

Sincerely,

Eric S. Haug

Enclosures

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MLP Family Investments LLC

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appear ability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company v Florida document numberL18000162199	July 3, 2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the de	esignation "LLC" or the abbrev	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			_ <b>a</b>	
			Sign Sign	
Enter new mailing address, if applicable:			FILER OF COM	
(Mailing address MAY BE A POST OFFICE BOX)			70 S	
			F SAIE	
B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:	ice address on	our records, enter the	name of the new	
New Registered Office Address:	Enter Flor	ida street address	<del></del>	
		, Florida	<u> </u>	
No. Delice M. A. C. C. M. D. C.	City	2	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of a covided for in C	my duties, and I am fami Thapter 605, F.S. Or, if th	iliar with and his document is	

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>	<u>Address</u>	Type of Action
AMBR	Nalini Barineau	PO Box 1050	
		Bangor, ME 04402	■ Remove
			Change
AMBR	Maynard Pelletier	PO Box 1050	
		8angor, ME 04402	□ Remove
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fective date, if other than to the effective date is listed, the date in this te: If the date inserted in this current's effective date on the	must be specific a block does not	and cannot be protect the app	licable stat	filing or monutory filing r	than 90 days	<b>pptional)</b> after filing.) P this date wi	ursuant to	605.02 isted
record specifies a delay The 90th day after the r	red effective ecord is filed	date, but d.	not an ef	fective tin	ne, at 12:(	)1 a.m. on	the ea	rlier
Ju Ju	ly 10	2018						
ted			<u>`</u> `					
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Filing Fee: \$25.00