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T. A. C. C. C.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 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:	
Name of Person	
MTSM Group LLC Firm/Company	
455 DE 5 MAYE #D 35)(
City/State and Zip Code E-mail address: (To be used for future annual report notification)	- <u>(</u>
For further information concerning this matter, please call:	
Name of Person	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu	
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

(Name of the Limited Liability Company	y as it now appears on our r	ecords)	
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)	<u>cçoj usi</u> j	
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on	3/201	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		. 25	
(Mailing address MAY BE A POST OFFICE BOX)		- 	***
D. If we also the decrease the second		25	
B. If amending the registered agent and/or registered office address here:		। छ	he name of the new
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida street a	address	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New 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.

or removed fr	rom our records	• • • • • • • • • • • • • • • • • • • •	age, enter the title, name, and address of ea	
MGR = Ma AMBR = Au	nager thorized Membe	er		
<u>Title</u>	<u>Name</u>	_	Address	Type of Action
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Member			Welray Brach Fl.33	3483 Remove
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. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff	tive date, if other than the date of filing:	5.0207 (3)(t ted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	ier of:
Dated	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00