

12/19/2019

Division of Corporations

L190001681a6

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000365247 3)))



H190003652473ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TAXPREPARER@LARSONACC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MP CONSTRUCTION & INVESTMENTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

2019 DEC 19 PM 12:42

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2019 DEC 19 P 2:28
T. LEMIEUX
DEC 20 2018
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MP CONSTRUCTION & INVESTMENTS LLC

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:

CAROLINE G LARSON

Name of Person

LARSON ACCOUTING GROUP LLC

Firm/Company

7901 KINGSPONTE PARKWAY STE 17

Address

ORLANDO FL

City/State and Zip Code

TAXPREPARER@LARSONACC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE G LARSON

407 370 3686

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DocuSign Envelope ID: 91F3B2B1-5D0A-40B4-B017-E50F512B0D24

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MP CONSTRUCTION & INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/26/2019 and assigned
Florida document number L19000168126.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: PAULO P VEIGA JR

New Registered Office Address: 5036 DR PHILLIPS BLVD SUITE 331

Enter Florida street address

ORLANDO, Florida 32819

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.

Paulo P Veiga Jr
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

Page 2 of 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 27, 2019



Signature of a member or authorized representative of a member

MARCELO ALVES DA SILVEIRA

Typed or printed name of signer