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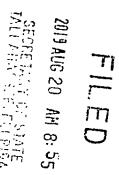
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COVER LETTER

TO:	Registration Secti Division of Corpor			
SURIE	ECT: MP30	CITY · COM A	LLC	
		Name of Lim	ited Liability Company	
The en	closed Articles of Art	nendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		Rich	Name of Person	
			Name of Person	
			N/A	
			Firm/Company	
Firm/Company 1119 SUMMER LAKES JAINE Address ORLANDO, EL 32835 City/State and Zip Code				
			Address	
			ORLANDO, EL 32	835
		E-mail addresse (NMSOT4@AOL.	
For fur	ther information con	cerning this matter, please of	•	leaton)
1 01 101				
	SABRI	NA RAMVIE	at (407) 766 Area Code Daytime	-1261
	Name of Pe	rson	Area Code Daytime	: Telephone Number
Enclos	ed is a check for the f	ollowing amount:		
150 , \$ 2∶	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (Α Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number 4/9000/89302	ompany were filed on $\frac{7/23/2019}{2}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit α/β	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10 A B D
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, <u>enter the name of the new</u> <u>ess here</u> :
Name of New Registered Agent:	SABRINA RAMJIT
New Registered Office Address:	1119 SUMMER LAKES JUISE Enter Florida street address
	City Florida 32575

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 = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	SABANA RAMIS	1119 SUMMER LAUES DR	Add
		ORLANDO FL 32335	Remove
	•		Change
			🖸 Add
			Remove
			Change
MGR	RICHARD RAMVIT	1119 SUMMER LAKES)	O\Add
		ORLANDO, FL 32825	Remove
			Change
			□ Add
			🗖 Remove
			Change
	 		C Add
			Remove
	 		🗆 Add
			Петюче
			☐ Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated .	8/15
	Signature of a member or authorized representative of a member
	Ricinal Ranvill Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00