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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration Sec Division of Corp | | _ • | |
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| SUBJE | $CL: \frac{M(I, 2)}{M(I, 2)}$ | 5 Enterprise | nited Liability Company | |
| | | Name of Lin | ited Liability Company | |
| | | | | |
| The one | thread Articles at A | Amendment and fee(s) are sub | unitted for filing | |
| THE CIR | losed raticles of r | anendment and recess are suc | mined for ming. | |
| Please | eturn all correspoi | idence concerning this matter | to the following: | |
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| | | Matth | Name of Person | |
| | | | Name of Person | |
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| | | - MAZIC | Enterprise | |
| | | | Phili/Company | |
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| | | 0-120 | r. 11911 | |
| | | <u> </u> | City/State and Zip Code | |
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| | | E-mail address: (| to be used for future annual report noti | fication) |
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| For turt | her information co | neerning this matter, please c | all: | |
| , | | | | |
| $\frac{1}{\sqrt{2}}$ | 1athrew B | roderick | at (321) 750-6 Area Code Daytim | 303 |
| | Name of | Person | Area Code Daytim | e Telephone Number |
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| Enclose | d is a check for the | 2 following amount: | | |
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| M \$25 | i.00 Filing Fee | □ \$30.00 Filing Fee & | □ \$55.00 Filing Fee & | □ \$60.00 Filing Fee. |
| | | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
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| | Mailing Address | : | Street Address: | |
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| | Division of Co | | Division of Cor | |

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

띯

| MPTR F | terprise | T T |
|---|---|--|
| (Name of the Lim | ited Liability Company as it now appea (A Florida Limited Liability Company) | us on our records.) |
| The Articles of Organization for this Limited I | Liability Company were filed on | July 8 th 2020 sand signed |
| Florida document number <u>L200001951</u> | 78 | (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 |
| This amendment is submitted to amend the fol | lowing: | and the second second |
| A. If amending name, enter the new name of | of the limited liability company h | <u>ere</u> : |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the o | designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | <u></u> | |
| | | |
| B. If amending the registered agent and/or agent and/or the new registered office addresses | registered office address on our t ess here: | records, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Flo | rida street address |
| | City | , Florida Zip Cock |
| | | - |

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|--------------------|-----------------------------|
| MIR | Matthew Broderick | 7837 Corkfield Ave | MADD as MUR |
| | | Orlando, Fl 32832 | □Remove |
| | | | MChange From authorized rep |
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| (If an eff <u>Note:</u> | ve date, if other than the date of filing: |
| f the record ecord is fil | I 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 ed. |
| Dated | August 3020. |
| | MEDIE C |
| | Signature of a member or authorized representative of a member |
| | Matthew Broderick |
| | Typed or printed name of signee |

Filing Fee: \$25.00