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(Requestor's Name)
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Y. SCOTT DEC 1 2 2021

COVER LETTER

TO: Registration Division of C			
MDPIT SUBJECT:	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are subspondence concerning this matter	_	
	Filing Angela		
		Name of Person	
	ZenBusiness, Inc.		(n h 2
		Firm/Company	90211 SECO TA
	5511 Parkerest Drive, Sui	te 103	2021 NOV 29 SECRETARY TALLAHAS
		Address	
	Austin, TX 78731		OF S
	fulfillment@zenbusiness.co	City/State and Zip Code	29 PM 3: 02 ARY OF STATE ARASSEE, FL
	E-mail address:	(to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please c	call:	
Filing Angela		844 493-6249	
Nam	e of Person		: Telephone Number
Enclosed is a check fo	r 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)
MA	ILING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MDPIT LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000116711}{1.000116711}$.	were filed on 0.3/11/22021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
<u> </u>		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10541 Cory Lake Drive	202 T
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL	2021 NOV SEDRETA
	33647	
Enter new mailing address, if applicable:	10541 Cory Lake Drive	9 PH 3Y OF ASSEE
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL	3 3 D
maning dudiess 1971 112 A FOST OF FEEL DOLLY	33647	E 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		ords, <u>enter the name of the ne</u>
New Registered Street Hamess.	Enter Florida street a	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. performance of my dutie. provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
IfCha	nging Registered Agent, Signat	ture 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
AMBR	Michael Daniel Pettigrew		
			LI Remove
		10541 Cory Lake Drive Tampa, FL 33647	■ Change
			□ Add
			□ Remove
		☐ Remove 10541 Cory Lake Drive Tampa, FL 33647 ☐ Change ☐ Add	Change
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				RET RETA	T
				2021 NOV 29 SECRETARY TALLAHAS	
				14 29 PM 3: 02	
				3: 0;	O
Effective date, if other than the di (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prick does not meet the appli	icable statutory filin	(option nore than 90 days after fi ng requirements, this o	tar) iling.) Pursuant to 605.0)20 7 (3) I as the
the record specifies a delayed of the post of the fecor		ot an effective I	time, at 12:01 a.	m. on the earlie	r of:
Dated November 22	2021	·			
/5/7	Michael Danie ignature of a member or aut	l Pattigram horized representative	عرا of a member	·	
Michael Daniel Pettigrew	~	. •			
	Typed or pri	nted name of signee			

Page 3 of 3

Filing Fee: \$25.00