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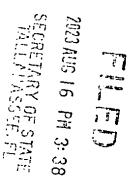
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COVER LETTER

TO: Registration Sec Division of Corp		· · · · · · · · · · · · · · · · · · ·	•
SUBJECT: MBC		ited Liability Company	
	Nanje of Linn	неа главину Сотрану	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	ROSUNI Vas	Name of Person	
	MBC CIRC	Figh/Company	
	225 PUNTO	Address Lehigh	Acres 商品的
	Lenigh Aci	City/State and Zip Code	PH 3: 38
	Y VASAULTISZ- E-mail address: (10 9mal - Um to be used for future annual report noti	lication)
For further information co	ncerning this matter, please ca	all:	
ROSONI VO	QW7 Person	at (<u>251</u>) <u>258 – U</u> Area Code Daytim	PAS ne 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:		Street Address:	

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

MPC CLOUNING 11/

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears (Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000\58.34\</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		0 20
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		39 P 0
(Mailing address MAY BE A POST OFFICE BOX)		3. 2. 2. 8 F. F. 2. 8
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:	···	
New Registered Office Address:	Enter Florid	a street address
		, Florida
	Ciţ	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

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
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			□Remove
			□Change
MGIR	Maria V Vasquet		□Add
		225 punta culta ct	PRcmove
		2023 AUG 16 SECRETARY TVILLAGA	Change
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