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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C			
SUBJECT:	MP Develop	ment Group Ll imited Liability Company	<u>_</u>
	Name of Ì.	imited Liability Company	
The enclosed Articles o	of Amendment and fec(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Br	andon Miller	
	MP D	evelopment Grou	P LLC
	<u>4000 1</u>	Majestic Palm 1	Nay
	De/ro	Sity/State and Zip Code	3445
	MP.Le E-mail address	U 350W 10 9mail.	Com itication)
for further information	concerning this matter, please	call:	
Brand	on Miller of Person	··	-36\Z ne Telephone Number
inclosed is a check for	the following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Se	etion
Division of	Corporations	Division of Co	rporations
P.O. Box 63		The Centre of 1	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MP Development Group 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 Liab	oility Company were filed onSeptembe	or 06, 2023 and assigned
Florida document numberL23000416416	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
M&P Development Gro	oup LLC	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, <u>ent</u> here:	er the name of the new registered
	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
New Project of Office Address		
New Registered Office Address:	Enter Florida street add	ress
	1	Florida
	, l	Florida Zip Code
NI. ED TA AN AN AN AN AN		

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 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
			□Add
			□Remove
			Change
			□Add
			CRemove
			□Change
			□Change
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			□Remove
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			Change
			□Remove
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. Effective	e date, if other than the date of filing:
Note: If	tive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of oth day after the record is filed.
Dated	November 6 . 2073 . Signature of a member or authorized representative of a member
	Brin
	Signature of a member or authorized representative of a member
	regiment of a memory correspondence of a memory