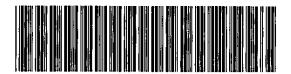
614000137206

(Requestor's Name)
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THE TARY OF STATE

4. Street Making I



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2014

NATALIE A. TARR 1265 KASS CIRCLE SPRING HILL, FL 34608

SUBJECT: LMHC, LLC

Ref. Number: L14000137206

We have received your document for LMHC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 514A00021894

COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT:	MHC, CC Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	bmitted for filing.	
Please return all corr	respondence concerning this matter	r to the following:	
	Natalie/	A. Taw Name of Person	
		Firm/Company	
	1265 Ka	S Circle Address	
	Spring Hill	City/State and Zip Code	 _
	nagoya (@ c	Hahoo. Com to be used for future annual report notif	fication)
For further informati	on concerning this matter, please c	call:	
Natalie A	me of Person	at (<u>121</u>) <u>534</u> - Area Code Daytime	+311 Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	e \$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

(MH2.1L	C	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup \frac{14000137206}{} \)	were filed on	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:	
Natalie A. Tarr, MHC, UC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)	NIA	HARRY & FIRST
Enter new mailing address, if applicable: (Mailing address MAY BE <u>A POST OFFICE BOX)</u>	NJA	PH 4: 25
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:	1) \	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action □ Add □ Add ☐ Remove DbA □ _□ Remove _D Add □ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	v.) 			
C. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated				÷ .
Masalie A. Taw LMC Signature of a member or authorized representative of a member Natalie A. Taw LMHC, Typed or printed name of signee	SECHETARY OF STAIF.	14 NON -1 PM 1: 25	e activité	
Page 3 of 3 Filing Fee: \$25.00				