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(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
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(D	ocument Number)
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S. WARREN NOV 02 2017

COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT:	Murry Hi	ll Gardens, LLC	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Sean McAlister	
		Name of Person	
		Veil Legal	
		Firm/Company	
	10421 South Jordan Gateway Suite 600		
		Address	
	Sc	outh Jordan, UT 84095	
		City/State and Zip Code	
	E-mail address: (renewals@veil.com to be used for future annual report no	otification)
For further information c	oncerning this matter, please of	all:	
	an McAlister	at (877)	313-1043 ime Telephone Number
Name o	f Person	Area Code & Dayı	ime Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Gertified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appea orida Limited Liability Company)	rs on our records.)	-
The Articles of Organization for this Limited Liabi Florida document numberL1700021379		10/16/2017	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company her	<u>re</u> :	
Mu	rray Hill Gardens, LLC		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	any." the designation "L	.C" or the abbreviation
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	annece:		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter f	7 30
Name of New Registered Agent:	<u> </u>	<u> </u>	<u>역 중 0</u> 일 휴
New Registered Office Address:	En	ter Florida street add	
-		, 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 608, 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member
<u>Title</u>	<u>Name</u>	

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
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			□ Remove
			Change
		·	Add
		·	□ Remove
			☐ Change
			☐ Remove
			
			Add
			☐ Remove
			Forhange
			1 30 Add [7]
			T 30 AM 10 Remove
			0 Change

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR'= Manager

MGRM = N	danaging Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
				Add
				_ Remove -
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D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if nec	essarv.)	_
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		er or authorized representative of a member	D _A	5 2
	Sean Typed	d or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00