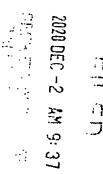
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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1/14/21

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Murray Hill Cardens, L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Colleen McDaniel Name of Person
Murray Hill Gardens, LLC.
1184 Liouruff Avenue Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ordleen Moderniel at (S16, 754-6723 Name of Person at (S16, 754-6723 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{align*} & \begin{align*} & \left \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

Street Address:

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

Murray Hill Care (Name of the Limited)	Jens LLC.	s it now appears on our re	ecords.)	
The Articles of Organization for this Limited Lia Florida document number <u>L17()0021379</u> This amendment is submitted to amend the follow. A. If amending name, enter the new name of the follows.	bility Company we <u>B</u>	re filed on <u>03/20</u> ,		and assigned
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble: _	Company," the designation	"LLC" or the abbr	ecigion "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u> <u>0x)</u>		# # # # # # # # # # # # # # # # # # #	AH 9: 37
B. If amending the registered agent and/or registered office address	•	ress on our records, <u>e</u>	nter the name	of the new registered
Name of New Registered Agent:	Caden R	MDaniel	<u>.</u>	
New Registered Office Address:	1184 Woods	uff Avenue Enter Florida street a	ddress	<u> </u>
	Jacksonville	Cin	_, Florida <u>3</u>	2205

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.

H-Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Caden B. M. Daniel	1184 Woodruff Avenue	WAdd
		Jacksonville, FL 32205	□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			⊡Change

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an ence l <u>ote:</u> H	e date, if other than the date of filing: November 21, 2020 (optional) 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumer	nt's effective date on the Department of State's records.
i is filed	
	Calcar Mchancer Signature of a member or authorized representative of a member OLLEEN MCA axiel
lated	
ated	

Typed or printed name of signee