

L00000011950

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : 120030000004
Phone : (407) 423-3200
Fax Number : (407) 843-4076

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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MHI HOLDING COMPANY, LLC**

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MHI HOLDING COMPANY, LLC
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:

Tracy Augustyni

Name of Person

Shutts & Bowen LLP

Firm/Company

300 South Orange Avenue

Address

Orlando, Florida 32801

City/State and Zip Code

taugustyni@shutts.com

E-mail address. (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tracy Augustyni

Name of Person

at (**407**)

423-3200

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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Certificate of Status

☐ \$55.00 Filing Fee &
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(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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MHI HOLDING COMPANY, 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 Liability Company were filed on October 2, 2000 and assigned
Florida document number L00000011950.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

<u>Name of New Registered Agent:</u>	<u>Marc Watson</u>
<u>New Registered Office Address:</u>	<u>6905 N. Wickham Road, Suite 501</u>
	<i>Enter Florida street address</i>
<u>Melbourne</u>	<u>Florida 32940</u>
<i>City</i>	<i>Zip Code</i>

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.

Marc Watson
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Watson, Marc	6905 North Wickham Road Suite 501 Melbourne, Florida 32940	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Buescher, Keith	6905 North Wickham Road Suite 501 Melbourne, Florida 32940	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Girard, Susan	6905 North Wickham Road Suite 501 Melbourne, Florida 32940	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 30, 2011

Signature of a member or authorized representative of a member

Brian M. Jones, Esquire, Authorized Representative

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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