Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number: 076770003401 : (305)381-8108 Phone

Fax Number : (305)381-8109

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

mf@abogadomiami.com

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Corporate Filing Menu

Help EXAMINER

H12000262004 3

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJI	ECT:		splay Furniture L.C.			
		Name of Limi	ited Liability Company			
		Amendment and fee(s) are sub				
			Geoffrey M. Wayne			
	Name of Person					
Geoffrey M. Wayne, P.A.						
			Firm/Company			
•						
			Address		\$ 22 Z	
		Coral Gables	FL	33146	2	
		mí	City/State and Zip Code			5.0×
		E-mail address: (to be used for future annual report not	ification)		۲ "
For fu	rther information o	concerning this matter, please of	call:	•		, ,,,,,,
	Geof	frey M. Wayne	at (305)	381-8108		
	Name o	of Person	Area Code & Daytin	me Telephone Number		
Enclos	sed is a check for t	he following amount:				
₹ 2.	5.00 Filing Fee	\$30.00 Fiting Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &	

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 Tallahasseo, FL 32301

H12000262004 3

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

lnno	vative Displ	<u>ay Furniture</u>	L.C.		
(Name of the Limite	a Liabuity Comp A Florida Limited	any as it now app Liability Compan	ears on our records.)		
The Articles of Organization for this Limited I Florida document numberL0100002	•	y were filed on _	December 6, 2001	_ and ass	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lia	bility company l	<u>iere</u> ;		
	MRH Holding	gs Two LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	nited Liability Con	npany," the designation "LLC	C" or the a	bbreviation
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)			3.70	tov.
				IT (E)	1-2
Enter new malling address, if applicable:		N/A		至	<u>ථි</u> ය
(Mailing address MAY BE A POST OFFICE	BOX)			رت این ا مید الفتا	
				- C	I
				光三	` ** *
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter the</u>	name o	the new
Name of New Registered Agent:	<u>N/A</u>				
New Registered Office Address:	N/A	<u> </u>			<u></u>
		Enter Florida street address			
		, Florida			
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	3			

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 Changing Registered Agent, Signature of New Registered Agent

H12000262004 3

MGR = Manager

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:

Title	Name	Address	Type of Action
	N/A		Add Remove
	N/A		Add Remove
	N/A		Add Remove
	N/A		Add Remove 3
	N/A		Note S
	N/A		Add Remove
	nding any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	
_			
Dated	July 5.	Reyas of	
	Signature o	of a member or authorized representative of a member Martha Reyes Herrera Typed or printed pages of signer	

Page 2 of 2

Filing Fee: \$25.00