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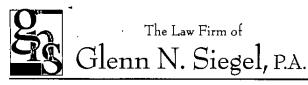
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Board Certified Civil Trial Attorney by The Florida Bar and by the National Board of Trial Advocacy • Certified Circuit Court Mediator Email:Gsiegel@glennsiegellaw.com • Web Site: www.glennsiegelaw.com

Murdock Professional Center 17825 Murdock Circle, Suite A Port Charlotte, Florida 33948 (941) 255-1235 Fax: (941) 255-1223 Sarasota Courthouse Centre 1990 Main Street, Suite 750 Sarasota, Florida 34236 (941) 552-8569

Reply To: PORT CHARLOTTE

March 20, 2013

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

CMHC, LLC

Our File No.: 317.213

To Whom It May Concern:

Enclosed you will find Articles of Amendment to Articles of Organization of CMHC, LLC amending the registered agent and managers. I am also enclosing our firm's trust account check number 7675 in the amount of \$25.00 representing the fee for this service. We would appreciate it if you would process the enclosed at your earliest convenience.

Thank you for your assistance. If you should have any questions, please do not hesitate to contact our office.

Sincerely,

GLENN N. SIEGEL, P.A.

Florida Registered Paralegal

To Glenn N. Siegel

kar

Enclosures

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited</u> (A	Liability Company as it now a Florida Limited Liability Comp	ppears on our records.) any)		
The Articles of Organization for this Limited Li		• .	and assigned	
Florida document number <u>io200022</u>	444	•	_	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability compan	y here:		
5 / <del></del>		<del></del>		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability C	Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applications	able:		78 28	
(Principal office address MUST BE A STREE	T ADDRESS)		A TOTAL	
			HASSI	
			NY O	
Enter new mailing address, if applicable:			¬¬¬ ==	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		ORD ORD	
	<u> </u>		<b>10</b> m	
B. If amending the registered agent and/or registered agent and/or the new registered of  Name of New Registered Agent:			r the name of the new	
New Registered Office Address:	16/21 SUNSET	DINIES C. POCLE		
	Enter Florida street address			
	PORT CHANGE	, Florida	33921	
	City		Zip Code	
New Registered Agent's Signature, if changing F	Registered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the placept the obligations of my position as regis	roper and complete perform	ance of my duties, and	I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 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

Title ,	Name	Address	Type of Action
	MARKE, DIC	13031 MCGGEGOR BWO FIMINE	Add Add
		33919	Remove
WNOT	ANA M. PEDRAZA	16/21 SUNSET PONES CEP	Add
		PORTCHMENTE, PC 38921	Remove
MNGL	NESTOR H. DEDRAZA	16121 SUNSET PONES, COR	Add
		PORT CHARLODE, FL 33921	Remove
		SECRE!	Addi
		SECRETARY OF STATE ALLAHASSEE. FLORED	Remove
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