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Division of Corporations

Fax Number

: (850)617-6383

. From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

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August 25, 2015

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: MHFS GROUP LLC

REF: 106000049458

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young

Regulatory Specialist II

Amount charged: 25.00

FAX Aud. #: H15000204071 Letter Number: 715A00017893

RECEIVED 15 AUG 25 PM 4: 53 TENERAL OF STATE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MHF\$ GROUP LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L06000049458	Company were filed on 05/12/2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	!
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	<u>ESS</u>	
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		er the name of the new
registered agent and/or the new registered office add	iress liere:	
Name of Name Decisional Assess		नेव ज
Name of New Registered Agent:		3
New Registered Office Address:	Enter Florida street address	
		2000年
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	·	57. 6
I hereby accept the appointment as registered agent	<del></del>	navea to comply with the
provisions of all statutes relative to the proper and accept the obligations of my position as registered abeing filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my duties, and I at igent as provided for in Chapter 605, F.S. C ed office address, I hereby confirm that the	n familiar with and Or, if this docunent is
	If Changing Registered Agent, Signature of New	Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SEFA CEVIK	325 W ANSIN BLVD.	■ Add
		HALLANDALE BEACH, FL	□ Remove
		33009	☐ Change
			□ Add
			☐ Remove
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			☐ Change

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Effective date, if other than the date of filing:  (If an effective 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 605.00 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	207 (3) as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ) The 90th day after the record is filed.	
Dated Aug 25 , 2015	FILED
Signature of a member or authorized representative of a member	
SEFA CEVIK  Typed of printed name of signee	

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