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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Se Division of Con			
MLH Hold	lings LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	Patricia Klein. Esquire		
	<del></del>	Name of Person	<del></del>
	Patricia Klein, P.A.		
		Firm/Company	<del></del>
	3860 N. Powerline Road		
•		Address	
-	Deerfield Beach, FL 3307	73	
	patriciak@pkleinlaw.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
Patricia Klein, Esquire		954 935-3171 at ( )	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MLH Holdings LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L06000053294	vere filed on <u>05-24-2006</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Military Makeover LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices 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 off		er the name of the n
registered agent and/or the new registered office address here:		
		MA AHA
Name of New Registered Agent:		SS
New Registered Office Address:		100 T
	Enter Florida street address	
	. Florida	O

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Gode

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 .

<u>Title</u>	Name	Address	Type of Action
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			Change
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Effective date, if other tha	n the date of filing:	May 1, 2018	(or	tional)	
fan effective date is listed, the da Note: If the date inserted in t	te must be specific and ca		ing or more than 90 days at	fer filing.) Pursuant to 605	
document's effective date on			ay ming requirements, t	ms date will not be fish	cu as
e record specifies a de The 90th day after the	ayed effective dal e record is filed.	te, but not an effe	ctive time, at 12:01	l a.m. on the earlie	er o
Dated		2018		ì	
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Typed or printed name of signee

Filing Fee: \$25.00