L08000052426

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		N

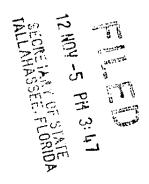
Office Use Only





500241395405

11/05/12--01013--001 **30.00



COVER LETTER

TO: Registration Se Division of Co		,dt	si.	* .
SUBJECT: M+	H FAMILY HO Name of Limit	ld Fugs, LLC ed 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:		
	Charles	HOSEQ Name of Person		TALLA
		Firm/Company		まられて
	13751	Saxon Lake Dr Address	IN E	PH 3: 47
	Jackson	City/State and Zip Code Code	5	P
	CHuck Hosea E-mail address: (10	o be used for future annual report notificati	on)	
For further information of	concerning this matter, please ca	all:		
<u>Charles</u>	Hosea of Person	at (<u>904) 502 -2</u> Area Code & Daytime Te	942 Elephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M+H Family He	Hings, LLC	120 12
M+H Family He (Name of the Limited Liabil) (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.
The Articles of Organization for this Limited Liability	Company were filed on	/27/2008 and assigned
Florida document number <u>L 0 8 0 000 5 2 4 2</u>	<u>.6</u> .	
This amendment is submitted to amend the following:		¥
A. If amending name, enter the new name of the li	mited liability company here	;
Tuspicational Kitche. The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Compar	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ur records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er Florida street address
		, Florida
	City	Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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 = Ma MGRM = N	nnager Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
•			Remove
			Add
			Remove
**************			Add
			Remove
<u></u>			Add
			Remove
			Add
			Remove
			Add
			Remove
	•		

mending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
Nov 1	2017
1,00	
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Charles Hosea Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00