L08000070050

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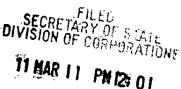
SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	M	IWL HALLANDALE, LLC			
		ame of Limited Liability Company	•		
	d Articles of Amendment and to all correspondence concerning	•			
		Dr. Randy W. Griffin			
	₹ \$	Name of Person	_		
		NoNerve Holdings, LLC	_		
		Firm/Company			
		1047 Victoria Drive			
	·	Address	_		
		Dunedin, FL 34698			
	• • • • • • • • • • • • • • • • • • •	City/State and Zip Code	_		
	randywgriffin@gmail.com E-mail address: (to be used for future annual report notification)				
For further i	nformation concerning this ma	iter, please call:			
	Randy W. Griffin	at (727) 787-4005			
	Name of Person	Area Code & Daytime Telephone Numb	er		
Enclosed is	a check for the following amou	int:			
▼ \$25.00 F	iling Fee \$30.00 Filing Certificate	c of Status Certified Copy Certific (additional copy is enclosed) Certific	iling Fee, cate of Status & ed Copy onal copy is enclosed)		
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



			10 ter
MWL HALLAI	NDALE, LLC		
(Name of the Limited Liability Compa (A Florida Limited I		rs on our records.)	
(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	07/21/2008	and assigned
Florida document numberL08000070050			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
MWL HOLLYV	VOOD, LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	4100 Hollywe	ood Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, F	L 33021	
Enter new mailing address, if applicable:	4100 Hollywo	ood Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood, F	L 33021	
			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	nager (anaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
-			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SECRETATE OF THE SECRETAR OF
			AY OF STATE CORPURATION
Dated	124	Tr'	
	R	Mauthorized representative of a member andy W. Griffin or printed name of signee	

Page 2 of 2

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