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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI		ERPRISES, LLC.		
	<u></u>	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		BARB MCBRIDE		
		SOUTH BEACH TAX &	Name of Person FINANCIAL SERVICES	·
		1692 PENMAN ROAD	Firm/Company	<del></del>
		JACKSONVILLE BEACE	Address 1, FL 32250	
		MARYISI@ME.COM	City/State and Zip Code	
		E-mail address; (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
BARB	B MCBRIDE		904 241-2533	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2:	5.00 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

FILED

2018 AUG 31 AM 11: 39

MEH ENTERPRISES, LLC.

RISES, LLC.

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on AUGUST 8, 2008 \_\_\_\_\_ and assigned L08000078277 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARY E. HIGGINBOTHAM, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

## 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.

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida

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>	<u>Name</u> N/A	<u>Address</u>	Type of Action
•			□ Add
			Remove
			Change
		•	
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		SEPTEMBER 1, 2018
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	Signature & a	member of authorized representative of a member
	MARY E. HIGGINBOTHAM	membels or authorized representative of a member

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