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**EXAMINER** 



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DIVISION OF CORFORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: MHE PRINTING LLC  Name of Limited Liability Company				
. value of Bannot Blacking Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MICHAELE HOLLAND  Name of Person				
MHE PAINTING Firm/Company				
7315 Itagen WAY Address				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MICHACLE. HOLLAND at (321) 388-2220  Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$30.00 Filing Fee   \$30.00 Filing Fee &   \$55.00 Filing Fee &   \$60.00 Filing Fee,   Certificate of Status &   Certificate of Status &   Certified Copy (additional copy is enclosed)   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



MHE PRINTING	110
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOS ODO 10.3606</u> .	// /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
MHE INVESTMENT	5 LLC
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
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 registered agent and/or the new registered office address here	
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
). If amend	ling any other information, e	nter change(s) here: (Attach additional sheets, if necessary	·.)
Dated	3/29. M/ve	ela Dela C	
		of a member of authorized representative of a member	<del></del>
	MICH	Typed or printed name of signer	

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Filing Fee: \$25.00