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(Requestor's Name)						
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COVER LETTER

Division of Co	orporations					
SUBJECT:	MS	PRH, LLC				
		Name of Limited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Kimberly Hill				
		Name of Person				
		PH Developers, LLC				
	Firm/Company					
3930 Max Place						
	**************************************	Address				
Boynton Beach, FL 33436						
٠						
	FOI E-mail address: (myna@mspmgmt.com to be used for future annual report notificati	on)			
For further information	concerning this matter, please of	eall:				
Ror	myna Sheehan	at (561) 74	2-9290			
Name of Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:		STREET/COURIER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12: 85

SECRETARY OF STATE. TALLAHASSEE, FLORIDA

	MS	SPRH, LLC		EMINASSEE! FEORIDA
(Nan	ne of the Limited Liability C (A Florida Lin	Company as it now appea mited Liability Company)	rs on our records.)	_
The Articles of Organization fo	r this Limited Liability Cor	mpany were filed on	8/11/2011	and assigned
Florida document number	L11000092541			
This amendment is submitted to	amend the following:			
A. If amending name, enter t	he new name of the limite	ed liability company he	<u>ге</u> :	
		velopers, LLC		
The new name must be distinguis "L.L.C."	hable and end with the words	s "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices ac	ldress, if applicable:		•	<u> </u>
(Principal office address MUS	<u>T BE A STREET ADDRE</u>	<u> </u>		
Enter new mailing address, if	'annticable:			
(Mailing address MAY BE A 1		<u> </u>		
11244415 44441 454 12 12 12 12 12 12 12 12 12 12 12 12 12	OUT OF TROUBORN			
B. If amending the register registered agent and/or the ne			our records, enter	the name of the new
registered agent and/or the no	w registered office addre	ss nere:		
Name of New Registe	red Agent:			
New Registered Offic	e Address:			•
•		E	nter Florida street add	tress
			, Florida	7. 0.1
		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 = Managing Member **Title Name** <u>Address</u> **Type of Action** MGR Kimberly Hill Remove ☐ Add Remove □ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 2012 Signature of a member or authorized representative of a member Michael Puder

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00