

L12000050178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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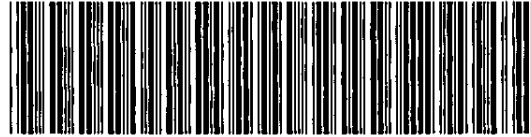
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 4 2012

**KKOS**  
LAWYERS

KYLER, KOHLER  
OSTERMILLER  
& SORENSEN

A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr.  
Suite 200  
Cedar City, Utah 84720  
Phone 435-586-9366  
Fax 435-586-9491

Holly Butterfield, Legal Assistant  
Holly@kkoslawyers.com

September 27, 2012

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for **Metropolitan Housing Group, LLC**. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

**KYLER KOHLER OSTERMILLER & SORENSEN, LLP**

Holly Butterfield  
Legal Assistant

Enclosure

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Metropolitan Housing Group, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Holly Butterfield/KKOS Lawyers

Name of Person

Kyler Kohler Ostermiller & Sorensen, LLP

Firm/Company

1883 W. Royal Hunte Drive, Suite 200

Address

Cedar City, Utah 84720

City/State and Zip Code

nathan@metropolitanhousinggroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly Butterfield

Name of Person

at ( 435 )

586-9366

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)

☐ \$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:

12 OCT -3 PM 2:45

**Metropolitan Housing Group, LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 11, 2012 and assigned  
Florida document number L12000050178.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1936 Bruce B Downs Blvd #341

Wesley Chapel, Florida 33544

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1936 Bruce B Downs Blvd #341

Wesley Chapel, Florida 33544

**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:**

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**

**MGR = Manager**  
**MGRM = Managing Member**

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Dated September 27, 2012

Signature of a member or authorized representative of a member

**Nathan Rossi, Manager of MHG Holdings, LLC, Manager**

Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA