L12000085893

	(Requestor's Name)
	(Address)
<u> </u>	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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B. BOSTICK

APR 1 5 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
_{suвјест:} Regatta Regalia LL	C	
	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Marcy Ullom	1	
	Name of Person	•
Regatta Reg	galia LLC	_
	Firm/Company	-
1283 SW 23	Street	_
	Address	
Miami, FL 3		-
marcyullom@gma	City/State and Zip Code	
ļ	to be used for future annual report notification)	. B.
For further information concerning this matter, please ca	all:	
Marcy Ullom	_{at} 305 586-2250	
Name of Person	Area Code Daytime Telephone Number	14 A 15 22
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
Enclosed is a check for the following amount: \$30.00 Filing Fee & Certificate of Status Status	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
WX # 216-		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Regatta Regalia, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number L1200008589	iability Company	were filed on June	27, 2012	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
MandH Group LLC				
The new name must be distinguishable and end with the	words "Limited Liab	bility Company," the desig	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	as eq.	22
(Principal office address MUST BE A STRE	ET ADDRESS)		• .	The state of the s
			. ,	(2)
				् द ्ष
Enter new mailing address, if applicable:		N/A	<u> </u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(Mailing address MAY BE A POST OFFICE	BOX)			्, एर -१ (से
			· 	,भ ८५ ।।,
B. If amending the registered agent and registered agent and/or the new registered of	office address her		r records, <u>enter tl</u>	ne_name_of_the
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida s	treet 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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		
			☐ Remove
			Add
			□ Remove
		-	Add
		-	Remove
			□Ādd 'j'
			□ Remove
			—————————————————————————————————————
			Remove
			Add
			☐ Remove

N/A	
Effective date, if other than the d	ate of filing: (optional) be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Flori	
the date this document is filed by the Flori	
Dated April 8, 2014	

Page 3 of 3

Filing Fee: \$25.00



April 7, 2014

MARCY ULLOM 1283 SW 23 STREET MIAMI, FL 33145

SUBJECT: REGATTA REGALIA, LLC

Ref. Number: L12000085893

We have received your document for REGATTA REGALIA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 814A00007427