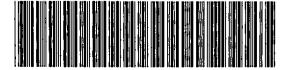
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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

## **COVER LETTER**

Division of Corporations
SUBJECT: MCH 3LLC
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:
·
Artur Made,
Name of Person
Artur Made,  Name of Person  Sybac Solar CLC  Firm/Company
Firm/Company
6735 Conray Winder nere Koard
· · · · · · · · · · · · · · · · · · ·
Orlando, FC 32835  City/State and Zip Code  A Made; a Syberc Soby. co.  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Artor Made at 863 279 1081  Name of Person at 863 279 1081  Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  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

MLH3 L	LC	
(Name of the Limited Liability Compar (A Florida Limited L		<u>'ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>9/26//-</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		•
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the design	nation "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 of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:	v/a.	
New Registered Office Address:		
	Enter Florida str	reet address
	, Flor	rida 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 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

<u>Title</u>	Name	Address	Type of Action
MGRM	Murphree Land	Holdings	Add
	•	4759 Druc	Field Rd. Remove
		Lakeland,	Field Rd. Remove
		,	Add
			Remove
			Kelilove
<del></del>			Add
			Remove
			Add
			Remove
		_	
			Add
			Remove
			13 SEP
			Adj
			OF STATE Remove
			<i>(</i> 2)

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
ated	September 19, 2013
	Signature of a member or authorized representative of a member
	Artur Made; Typed or printed parte of signee
	1) ped of printed there of dignet

Page 3 of 3

Filing Fee: \$25.00