430004658

questor's Name)	
dress)	
dress)	
y/State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nar	me)
cument Number)	
Certificate	s of Status
Filing Officer:	
	dress) dress) //State/Zip/Phone WAIT siness Entity Nate cument Number)

Office Use Only



300277028093

09/28/15--01029--007 **30.00

FILED

SECRETARY OF STATE
SECRETARY OF STATE
AND ANASSEE, TLUMB OF STATE

TAIL MASSEE, TLUMB OF STATE

SEP 2 9 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: M. T. H. Entropices 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:
Latosha W. Piley-Burros Name of Person
M. I. H. Enterprise Lic
3021 Creather Way Address
Kisimmu T 34746 City/State and Zip Code
E-mail address: Ito be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (330) 329-1519 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

M. I. H. ENTINOVILE	s lle	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records. bility Company))
The Articles of Organization for this Limited Liability Company w Florida document number 13000 46559.		015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability	ine LLC	or the abbreviation "L.L.C."
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)	P.O. Box 59 Kissimmen	1342 FL 34758
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records,	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Flor	rida ☐
New Registered Agent's Signature, if changing Registered Agent:	y	128 755EE

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 Lam 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
····			Add
			Remove
			☐ Remove
			Add
			□ Remove
			☐ Change
· · · · · · · · · · · · · · · · · · ·			
			□ Remove
			Change
			GAdd □
			Remove
			GA GChange
			□ Add
			□ Remove
			5 ~

							-
				····			_
							_
	<u> </u>		······································		,	· · · · · · · · · · · · · · · · · · ·	_
	<u></u>						-
			·	······································			_
				······································			_
							_
							_
							-
							
							-
							_
							_
			,				-
ective date, if a	other than the da	ate of filing:		f filing or more than 9	(optional)) h	NE 00
Continue data in 1	serted in this bloc	k does not meet t	the applicable star	utory filing require	ments, this date	will not be lis	ted a
te: If the date in	e date on the Depa	artment of State	s records.				
te: If the date in						aa tha aa-l	
te: If the date in cument's effective record specific			, but not an el	fective time, at	12:01 a.m.	,oji kne ean	ier
te: If the date in cument's effective record specific	îes a delayed e after the recor		, but not an e	fective time, at	2		ier
te: If the date in cument's effective record specific the 90th day a			, but not an e	fective time, at	2	5 SP	ier
te: If the date in cument's effective record specific the 90th day a			, but not an e	fective time, at	2		
te: If the date in cument's effective record specific	after the recon	d is filed.	2015. Lli-	fective time, at	<u>.</u>	5 SP	ier Time

Page 3 of 3

Filing Fee: \$25.00