113000073710

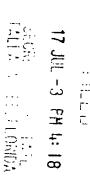
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



300300784293

07/03/17--01012--015 **25.00



S. WARREN JUL 0 5 2017

			COVER LETTER	
	gistration Se ision of Cor		•	
	MH HAWI	K, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Susan Brown		
			Name of Person	
			Firm/Company	
		9200 NW 39th Ave, STE	130-11	
			Address	
		Gainesville, FL 32606		
City/State and Zip Code				
		skbrown321@gmail.com	to be used for future annual report noti	*************************************
For further in	eformation a	oncerning this matter, please on	-	neation)
Susan Brow		oncerning this matter, piease of	352 284-4080	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MH HAWK, LLC		
(<u>Name of the Limited Lial</u> (À Flor	hility Company as it now appears on orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability		and assigned
Florida document number L13000073710	*	
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re	gistered office address on our	records, enter the name of the ne
registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
		, FloridaZip Code
	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 decument 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark Brown	9200 NW 39th Ave	(■ Add
		STE 130-11	Remove
		Gainesville, FL 32606	☐ Change
MGR	Susan Brown	9200 NW 39th Ave	□ Add
		STE 130-11	☐ Remove
		Gainesville, FL 32606	(addres) ■ Change
			Add
		-	□ Remove
			☐ Change
	•••		Add
			Remove
			☐ Change
			Add
			Remove
			Add Figure Remove 8
			Change

. ———————					
· · · · · ·					
			·		
,					_
	<u> </u>				
		· · · · · · · · · · · · · · · · · · ·			
			- · · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·	
ective date if other than the	a data of filings			(optional)	
ective date, if other than the effective date is listed, the date must	st be specific and cann	ot be prior to date of fi	ing or more than 90 da	ays after filing.) Pur	suant to 605.0
te: If the date inserted in this blooment's effective date on the D			ory filing requiremen	nts, this date will	not be listed
	,				
record specifies a delayed	d effective date.	but not an effe	ctive time. at 12	2:01 a.m. on t	the earlier
he 90th day after the rec	ord is filed.				
June 28th ed		<u> 17</u>			
	/) .			<u> </u>	ال 7
	Sila			; • ;	
	Signature of a memb	er or authorized repre-	entative of a member		3 7

Page 3 of 3

Filing Fee: \$25.00