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(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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COVER LETTER

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TO: Registration Se Division of Cor	porations		
SUBJECT: MA	H Properties V,	LIC	
30131.C1	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mr. Marvin	1 Hurt Name of Person	
	MAH Pape	Ctics V, LLC Firm/Company	
	8321 N. Ri	ver Highlands Place	<u>, </u>
	Tampa, 7L Marria Hur	33U7 City/State and Zip Code # 2001@ Grnail (0) to be used for future Janual report noti	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Mr. Marvi Name o	n Hunt of Person	at (<u>813</u>) <u>817-6</u> Area Code Daytim	2623 te Telephone Number
Enclosed is a check for the	he 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 Addres Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	•
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAH Popertie (Name of the Limite	S V, LLC d Liability Company : A Florida Limited Liab	s it now appears on u	our records.)	
The Articles of Organization for this Limited Lia Florida document number $_ \angle 14 \bigcirc 00090$	ability Company we			and assigned
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability)	Company," the designa	ition "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble: _			267
(Principal office address MUST BE A STREET	<i>ADDRESS</i>)			
	-			;;
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u> _			2: 1
	-			<i></i>
B. If amending the registered agent and/or re agent and/or the new registered office address		ress on our record	ls, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Marvin H	·		
New Registered Office Address:	9321 N.	River High	Mands 19 eet address	ace
	lampa	X City	Florida	33U17 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 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	Marvin Hurt	9321 N. River Highlands Pla	C DAdd
		Tampa, 72 33617	□Remove
<u>AMBR</u>	Marvin Hunt	8321 N. River Highlands Plac	C DAdd
		Tampa, 72 33617	□Remove
			□Change
Qurer	Marvin Hunt	8321 N. River Highlands Pla	e Badd
		Tampa, 72 33617	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Ochber 5th 2021
	Signature of a member or authorized representative of a member
	warvia 1-unt

Filing Fee: \$25.00