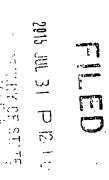
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## **COVER LETTER**

TO: Registration Sec Division of Corp			·
SUBJECT:	MHP Ze p Name of Limit	ted Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Jan	Name of Person	······
	Mo Cu	ne Low P.A. Firm/Company	
	38 6	rant Street Address	<del> </del>
	James, mo E-mail address: (to	Cune aw O smail o be used for future annual seport notific	084 1. (oh cation)
For further information co	ncerning this matter, please ca		
James Name of	Person	at ( <u>904</u> ) <u>80 a</u> Area Code Daytime	8 - 0426 Telephone Number
Enclosed is a check for the	e following amount:		
325.00 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 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

MHP	Pephyrhills, LLC
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u> </u>	oility Company were filed onO8/19/2014_ and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole: 950 Harbing Rd., Whit 111  ADDRESS) 21/burn, GA 30047
(Principal office address MUST BE A STREET	ADDRESS) 21/burn, 54 30047
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	James Patrick Mclune, P.A.
New Registered Office Address:	James Patrick McCune, P.A.  38 Grant Street  Enter Florida street address
	5t. Augustine, Florida 32084 Zip 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 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) a	authorized to manage.	, enter the title,	name, and	address of each	person l	being added
or removed from our records:						

MGR = Manager AMBR = Authorized Member **Title** Name **Address** Type of Action MGR Yazvinski, Vad 6360 Brookstone Blvd. DAdd
Columbus, GA 31904 Demove \_□ Change ☐ Remove \_□ Change \_□ Add □ Remove ☐ Change □ Add □ Remove □ Change ☐ Remove ☐ Remove

□ Change

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effective	ate, if other the	date must be s	specific and	cannot be pr	or to date of	iling or more	than 90 day	ys after fili	ng.) Purs	uant to 605.0
	date inserted in effective date of					lory filing re	equiremen	its, this da	ite Will r	not be listed
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ted		Sign			P Nonted representation	_	a member	1	707 18	

Page 3 of 3

Filing Fee: \$25.00