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2016 MAR -3 P 2: 12 SECRETARY OF STATE PAHASSEE, FLORID

FILED

MAR 04 2016 D. BRUCE

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: DI	220 Bay (Name of Limit	West, L/C		
The enclosed Articles o	f Amendment and fee(s) are subt	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Name of Person		
	The Alhad	eff Low (Group, P.L	
	11900 Bisco	ayne Blvcl,	#289	
	Mami, FL	238 City/State and Zip Code	——————————————————————————————————————	
	Mayh Galha E-Mail address: (t	deffaw. 001 o be used for future annual report no	SECRETATION) Stification)	ī
For further information	concerning this matter, please ca	ılı:	SER ·	1
Natasha Name	Barrien tos	at (<u>786</u>) <u>6</u> 8 Area Code Daytin	- 9703 55 22 me Telephone Number 7	ָׁר כ
Enclosed is a check for	the following amount:		≥ №	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status	&

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Elimited Lie	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u> 1500038</u>	ty Company were filed on $3/3/15$ and assigned 800
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the MH Riclay's LLC	limited liability company here: "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or registered agent and/or the new registered office a	
Name of New Registered Agent:	AHASSE 3
New Registered Office Address:	Enter Florida street address
	RECEIVED TO THE PROPERTY OF TH
	City 7 Tin 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:

or removed from our records.	
MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			Add
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If amending any other informati						·- ·-	
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Effective date, if other than the date is listed, the date must the Mote: If the date inserted in this blockdocument's effective date on the Department.	e specific and k does not n	l cannot be pr neet the app	licable statut	ling or more th ory filing requ	option 90 days after the sirements, this	nal) iling.) Pu date wil	rsuant to 605.02 I not be listed
ne record specifies a delayed The 90th day after the reco		late, but	not an effe	ctive time,	at 12:01 a	m. on	the earlier
Dated Feb	29	201	6	<u></u>			
	ionature of a	member or au	thorized repre	sentative of a r	nember		
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Page 3 of 3

Filing Fee: \$25.00