

L150000 84701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

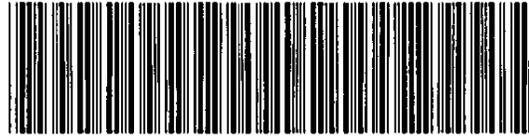
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100277826051

FILED
2015 OCT -7 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2015 OCT -7 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 08 2015
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 822530 7450459

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : October 6, 2015

ORDER TIME : 5:09 PM

ORDER NO. : 822530-005

CUSTOMER NO: 7450459

DOMESTIC AMENDMENT FILING

NAME: MHPI V, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MHPI V, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NORA H. MILLER, ESQ.

Name of Person

RAILEY HARDING & ALLEN, P.A.

Firm/Company

15 N EOLA DRIVE

Address

ORLANDO, FL 32801

City/State and Zip Code

NMILLER@RAILEYHARDING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORA MILLER

Name of Person

at (407)

Area Code

648-9119

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: MHPI V, LLC

SECOND: The Florida Document number of the limited liability company is: L15000084701

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE MANAGER WAS INCORRECTLY IDENTIFIED AS MHP PORTFOLIO, LLC
THE MANAGER IS ACTUALLY MHP MANAGEMENT, LLC

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

[Handwritten Signature]
Signature of Authorized Representative

10/5/15
Date

FILED
2015 OCT -7 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)