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(Re	equestor's Name)	·
(Ac	ddress)	·
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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AUG 18 2015 J SHIVERS

COVER LETTER

TO: Registration Set Division of Corp			€-
SUBJECT: CY	MHS and Des Name of Lim	ign LLC.	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Luther	Name of Person	
	<u>CMHS</u>	and Design, LLC	· •
	28818 Ha	nging Muss Loop	<u>o</u>
	Wesley C	rapel F1 335 City/State and Zip Code	43
	CS ny de	to be used for future addual report notifi	cation)
For further information co	oncerning this matter, please ca	all.	
Luther Name of	Person	at (\$13) 99 Area Code Daytime	7-5455 Telephone Number
Enclosed is a check for th	e 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 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

CMHS o	ind Design	LLC, it dow appears on our records.)	
(Name of the Limit	(A Florida Limited Liabilit	y Company)	
The Articles of Organization for this Limited L Florida document number	iability Company were	filed on July 22	2015 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability of	company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Co	mpany," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		
B. If amending the registered agent and registered agent and/or the new registered o		address on our records, g	enter the name of the new
togastered agent and or the new registered of	THE MUNICIPAL CO.		AUG
Name of New Registered Agent:	Laurineaco		555
New Registered Office Address:			S 3 (1)
		Enter Florida street address	
		, Florid	da Zip Code
		.117	Zip Cout

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	uthorized to	manage, <u>ent</u>	ter the title,	name, and	address of ea	ch person	being added
or removed from our records:	•						

MGR = Manager

AMBR = Authorized Member **Type of Action Title** <u>Name</u> **Address** MGR Snyder Carol D. 28818 Hanging Muss Loop - Add Wesly Chapel, FL 33549 DRemove □ Change Moore, Luther W 28818 Hanging Moss Loop Add MGR Wesley Chapel, FL 33543 □ Change □ Add _□ Remove □ Change □ Add ☐ Remove Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

		
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)	want to 605 02/
e: If the date inserted in this block does not meet the applicable statutory		
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on t	he earlier
he 90th day after the record is filed.		
^		
ed August 12, 2015.		
,		
Signature of a member of authorized represent		

Page 3 of 3

Filing Fee: \$25.00