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(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	,
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
		sidential Group, LLC		
SUBJE	SCT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Patricia Tanner		
			Name of Person	
		Multhai Residential Group	, LLC	
			Firm/Company	
		1675 EE Williamson Rd, S	Ste. 1030	
			Address	
		Longwood, FL 32779		
		-	City/State and Zip Code	
		ptanner@multhai.com	to be used for future annual report notifi	
For fur	ther information c	oncerning this matter, please ca	·	(Caron)
Patrici	a Tanner		407 221-2522 at ()	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2:	5.00 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

Multhai Residential Group, LLC		
(Name of the Limited)	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab		015 and assigned
Florida document number L15000147180	.	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the design	ation "L.L.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable	le:	SE VISE
(Principal office address MUST BE A STREET A	ADDRESS)	NAY 2
		
		3
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u> </u>
B. If amending the registered agent and/or	registered office address on an	records enter the name of the ne
registered agent and/or the new registered offic		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
_	- .	, Florida
	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) 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	Terrell Hunt	1675 EE Williamson Rd. Ste. 1030	
		Longwood, FL 32779	☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			Add
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ecti	ve date, if other than the date of filing:(optional)	
n eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	nt to 605.0
	ent's effective date on the Department of State's records.	oc nace
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlie
he	90th day after the record is filed.	
	May 21 1 2018	
ted	May 21 2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00