# L15000155374

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#### **COVER LETTER**

то:	Registration Se Division of Cor				
SUBJE	MH GALE	FLL, LLC			
30 <b>03</b> C	C1	Name of Limited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter	_		
		Chase A. Berger, Esq.			
			Name of Person		
		Ghidotti   Berger LLP			
			Firm/Company	<del> </del>	
		1031 N. Miami Beach Bou	levard		
		Address			
		North Miami Beach, FL 33	3162		
			City/State and Zip Code		
		cberger@ghidottiberger.com			
			to be used for future annual report notifi	cation)	
For furth	ner information co	oncerning this matter, please co	all:		
Chase A	. Berger, Esq.		305 501.2808		
	Name of	f Person	at () Area Code Daytime	Telephone Number	
Enclose	d is a check for th	e following amount:			
<b>■ \$2</b> 5	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S		Street Address: Registration Sec	tion	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MH GALE FLL, LLC		
(Name of the Lim	ited Liability Company as it now apper (A Florida Limited Liability Company)	urs on our records.)
The Articles of Organization for this Limited I Florida document number L15000155374	Liability Company were filed on $\frac{09}{2}$	0/11/2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:  'Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address.  Name of New Registered Agent:	registered office address on our	records, enter the name of the new registers
New Registered Office Address:	1031 North Miami Beach Boule	vard
New Neglitica Office Address.	Enter Flo	rida street address
	North Miami Beach	, Florida 33162
	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>	Name	Address	Type of Action
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			□ Change
			□Remove
			□Change
			□Add
		□Remove	
		Change	
			🗆 🗀 Add
			∏ Change

## Page 2 of 3

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
_	
(If an effect Note: If	e date, if other than the date of filing:
the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	April 2. , Ocoo.
	Signature of a member or authorized representative of a member
	Chase A. Berger
	Typed or printed name of signce

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Filing Fee: \$25.00