

L16000011287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

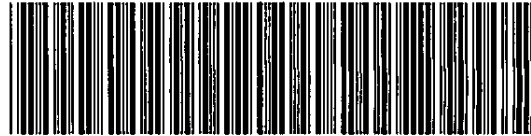
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Chad gave permission
to correct name of
LLC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Metro North MHP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chad Schultz

Name of Person

Firm/Company

1450 Flagler Ave., Ste. 2

Address

Jacksonville, FL 32207

City/State and Zip Code

chad@startupscca.com

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

For further information concerning this matter, please call:

Chad Schultz

904 400-1238
at ()
Area Code Daytime Telephone Number

Name of Person

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
(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**

Metro North. MHP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 01/15/2016 and assigned
Florida document number L16000011287.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

7000 N. Main St.

Jacksonville, FL 32208

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7000 N. Main St.

Jacksonville, FL 32208

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Chad Schultz

New Registered Office Address:

1450 Flagler Ave., Ste. 2

Enter Florida street address

Jacksonville

, Florida 32207

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------|--------------------------------|--|
| MGR | Lenger Asset Management, Inc | 221 N. Hogan St., #405 | <input type="checkbox"/> Add |
| | | Jacksonville, FL 32202 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| RA | Fairbanks Law Group, P.L. | 113 Nature Walk Pkwy, Ste. 103 | <input type="checkbox"/> Add |
| | | St. Augustine, FL 32092 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | SJW Partners, LLC | 1043 Adams St. | <input checked="" type="checkbox"/> Add |
| | | Hollywood, FL 33019 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Carrie T. Schulman | 9513 Sea Turtle Dr. | <input checked="" type="checkbox"/> Add |
| | | Plantation, FL 33324 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Eight G's | 1043 Adams St. | <input checked="" type="checkbox"/> Add |
| | | Hollywood, FL 33019 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | Eight G's | | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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Adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------|--------------------------------|--|
| MGR | Lenger Asset Management, Inc | 221 N. Hogan St., #405 | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |
| | Eight G's | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 29 2016

Signature of a member or authorized representative of a member

Keith D. Lenger, President of Lenger Asset Management, Inc.

Typed or printed name of signee

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