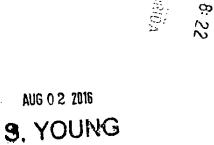
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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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08/02/16--01004--021 **25.00



COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJI	ECT:	MEH Glo Name of Lim	P LC ited Liability Company	······································	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspoi	ndence concerning this matter	to the following:		
		Me 530 Fort	Firm/Company 5 CASSIA DR Address PIERCE, FL 34 City/State and Zip Code	1982 , com	TALLAND SEE, FLORIBA
		E-mail address: (to be used for future annual report notifi	ication)	
For fur	ther information co	Person	at (772) 360-	Telephone Number	
Enclos	ed is a check for th	e 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

MEH GROW	e UC
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	Man ly
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
	70
The new name must be distinguishable and contain the words "Limited Liability	y 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)	
	OR OR
Enter new mailing address, if applicable:	0 7
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street 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 **Title Address Type of Action Name** Cour M. HAU □ Add ☐ Change □ Add □ Remov □ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ective date, if other th	an the date of fi	ling:		(opti	onal)
te: If the date inserted in	n this block does no	ot meet the applic	able statutory fili	more than 90 days and ng requirements, thi	r filing.) Pursuant to 605.020 s date will not be listed a
cument's effective date o	n the Department	of State's records			
record specifies a d The 90th day after t			ot an effective	time, at 12:01	a.m. on the earlier
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	Signature o	of a member or auth	orized representative	e of a member	

Page 3 of 3

Filing Fee: \$25.00