L16000149184

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(Address)				
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(Business Entity Name)				
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O SIMMONS DEC 1 4 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: M GHM I,L	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) at Please return all correspondence concerning this n	•
	A MULLE and MARK ISENBERG Name of Person
MGHA	1 I LLC Firm/Company
450+	tickory nut Avenue
0/0	Smar, Florida 34677 City/State and Zip Code
	ress: (to be used for Juture annual report notification)
For further information concerning this matter, ple Marcia Molle Name of Person	at (727) 639 – 9817 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee	
Mailing Address: Registration Section	Street Address: Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	- C	(v2j),	î î î 5: 27
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<u>v as it now apr</u> ability Compan	ears on our recor y)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company v	vere filed on	August	9,2016 and assigned
Florida document number <u>L16000149184</u> .		J	,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company	here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," th	ne designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
B. If amending the registered agent and/or registered office a	ddress on ou	r records, <u>ente</u>	r the name of the new regis
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Registres Office Address.	Enter i	Florida street addre	SS
		F	lorida
	Ciņ.		Zıp Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	e to act in th	is сарасну. I fi	iriner agree to comply will

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	1.4011 -	Fr. Eype of Action
AMBR	Mark Isenberg	450 Hick	orynut Av	enue XAdd
		0 ldsmar	Florida3	4677 □Remove
		·		Change
		 		□ Add
				□Remove
				□Change
				□Add
		-		Remove
		•		□Change
	 			
				□Remove
				Change
				□ Add
				□Remove
		 		□Change
				
				□Remove
				(Change

	5 P.: 5: 27
ffective date, if other than the date of filing:	(optional)
	or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 cable statutory filing requirements, this date will not be listed as 3.
record specifies a delayed effective date, but not an effective t l is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
marcial November 2 2020 Marcia Mille Signature of a member or auth	·
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Filing Fee: \$25.00