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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: M&		13 LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Rich	nard Mutarelli Name of Person	<u>Jr.</u>
		tt Hesser Mc	
	328	NE 15 L Ave	e, Svite 100
	00	NE 1 ⁵⁺ Ave Address Cala, FL 3 4 City/State and Zip Code	470
	rmutarel	City/State and Zip Code Code Code Code Code City/State and Zip Code Code	1. COM
For further information cor	ncerning this matter, please ca	II:	
Richard Name of F	Mutarell Tr.	at (352)Baytim	9 - 6520 ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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

M&T Holdings LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on October 3, 2017 and assigned Florida document number <u>L170000204956</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: M&T Holdings Ocala LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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 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:
New Registered Office Address: Enter Florida street address Florida
City City Zip Code Z
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 = M $AMBR = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		_	□ Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
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fective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)
the effective date is listed, the date must be specific and cannot be prior to date of filing to the listed in this block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605.02 filling requirements, this date will not be listed
current's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
the Journaly after the record is med.	
ned <u>October 12</u> 2017	
Signature of a member of authorized represen	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00