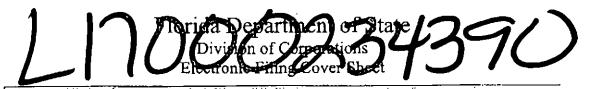
12/18/2017



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(((H17000330777 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101

: (850)385-6735 Fax Number : (954)641-4192

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Email Address:

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Electronic Filing Menu

Corporate Filing Menu

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H17000330777

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANY H's, LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now uppears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L17000234390		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here;	古居 1
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, If changing Registered Agent:	•	-
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I a ovided for in Chapter 605, F.S. (	m familiar with and Or, if this document is
II Chang	ing Registered Agent, Signature of New	Registered Agent

Page 1 of 3

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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
MGR	JOHN SCOTT HUNDLEY	РО ВОХ Н	<u>⊆</u> Add
		BELLE GLADE FL 33470	🖸 Remove
			Chauge
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Note: 1	(optional) clive date, if other than the date of filing:  (optional) clive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
(b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00 -