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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Cor			
SUBJECT:	MH CENTER	R. LLC	
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthe	o Rounds	
		Name of Person	
	MH Conte	Name of Person Firm/Company	
		Firm/Company	
	48 Rutta	nd Ave.	
	Boynton B	City/State and Zip Code ancpa Q aol. com to be used for future annual report positi	36
	,	City/State and Zip Code	-
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Matthew	Rounds	at (561) 429 -	- 2105
	f Person	at (<u>\$61)</u>	e Telephone Number
Enclosed is a check for the	he 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 Tallabassee, 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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	
The Articles of Organization for this Limited Liability Company	were filed on 03/14/3018 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	6266 Congress Ame. # 8 Lantana, FZL 83462
(Principal office address MUST BE A STREET ADDRESS)	Lantana, FIL 83462
	- L-8
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the ne</u> :
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:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

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	Type of Action
AMBR	Douglas Sufrin	11863 Wimbledon CL. Apt. 530 WELLINGTON, FL 33414	X Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
			□ Add
			C Remove
			D Change
			D Add
			_ Remove
			_□ Change

Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 c. Note: If the date inserted in this block does not meet the applicable statutory filing requirement of the date inserted in this block does not meet the applicable statutory filing requirement of State's records. The effective date on the Department of State's records. The 90th day after the record is filed.	
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The 90th day after the record is filed.	_(optional) ays after filing.) Pursuant to 605.02 nts, this date will not be listed
ated MARON 15 2018	2:01 a.m. on the earlier
Noulo Zano	
Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00