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### **COVER LETTER**

Division of Co	orporations		
CATERS: SUBJECT:	HIP CENTRAL FL. LLC		
30b4LC1.	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Michael Nash		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	MBAN, LLC		
	****	Fint/Company	
	10515 CARROLLVIEW D	OR .	
		Address	<del></del>
	TAMPA, FL		
	MICHAELNASH40@GMA	City/State and Zip Code ML.COM	
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
MICHAEL NASH		813 340-4731 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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:

TO:

**Registration Section** 

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 ED OF

2019 JAN 10 PM 5: 02

CATERSHIP CENTRAL FL, 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 \_\_\_\_\_\_ and assigned \_\_\_\_\_\_ and assigned Florida document number L18000050966 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MBAN, LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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:

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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E Desarti	date, if other than the date of filing: (optional)	
(If an effe <u>Note:</u>	re 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be a seffective date on the Department of State's records.	605.0207 ( listed as t
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eath day after the record is filed.	rlier of:
Dated ]	uary 3 2019	
<b></b>	$\overline{\qquad}$	

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Typed or printed name of signee

Filing Fee: \$25.00