

NOV/09/2018/THU 01:48 PM Farr Law Firm  
5500578200

FAX No 941-639-0028

01/01/2018

# TRANSACTION REPORT

OCT/09/2018/THU 01:56 PM

FAX (TX)

DATE	START TIME	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE	
001	OCT/09	01:55PM	18506176383	0:00:53	5	MEMORY OK	SG3 38:6

Division of Corporations

Page 1 of 2

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000293423 3)))



H18000293423A3C%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : THE FARR LAW FIRM  
Account Number : 103654001666  
Phone : (941) 639-1158  
Fax Number : (941) 639-0028

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jayne@farr.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAH TAMPA INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K SALY  
NOV 9 2018

FILED

18 OCT-9 AM 1:10

FLORIDA

2018 OCT-9 PM 2:51

(((H18000293423 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAH TAMPA INVESTMENTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack O. Hackett II

Name of Person

Farr Law Firm

Firm/Company

99 Nesbit Street

Address

Punta Gorda, FL 33950

City/State and Zip Code

jjayne@farr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack O. Hackett II

at ( 941 639-1158 )

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:**  
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

(((H18000293423 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H18000293423 3)))

MAH TAMPA INVESTMENTS, 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 July 24, 2018 and assigned  
Florida document number L18000178313

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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 Zip Code

**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

(((H18000293423 3)))

FILED  
18 OCT - 9 AM 1:10  
TALLAHASSEE, FLORIDA

(((H18000293423 3)))

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael A. Horan	One Ajax Drive	<input type="checkbox"/> Add
		North Venice, FL 34275	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	API PROPERTIES, LLC	One Ajax Drive	<input checked="" type="checkbox"/> Add
		North Venice, FL 34275	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 OCT -9 AM 1:10  
FILED  
ST. CLAIR COUNTY  
RECORDS

(((H18000293423 3)))

((H18000293423 3)))

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Article IV - Management is hereby deleted in its entirety.

FILED  
19 OCT - 9 AM 11:10  
FBI - NEW YORK

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)


(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBER 9 2018

  
Signature of a member or authorized representative of a member

Michael A. Horan, Authorized Representative of Mbr

Typed or printed name of signee