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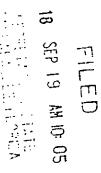
(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Name)
(Dc	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	CL-MHT H	OLDINGS LLC ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	MARUE (CATHOLINE LEE Name of Person	
	*****	Firm/Company	
	558 U). DAVLS BUVD Address	<u> </u>
	TAW	City/State and Zip Code	
	MCL	ecro gmail. Co be used for future annual report notif	M
For further information con	cerning this matter, please cal	N:	
MAME CAN	Harson Life	at (<u>917)</u> <u>855</u> Area Code Daytime	7-87-27 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

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L18</u> 600213430	ompany were filed on 9 718 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "LdzC."
Enter new principal offices address, if applicable:	1 0 M
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:	ered office address on our records, enter the name of the new cess here:
New Registered Office Address:	Enter Florida street address
	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

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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIE CATHERINE	558 W. DAVIS BUD TAMPA, FC 336.06	Add
	VÁE	TAMPA, FC 336.06	Remove
			Change
			☐ Add
			Remove
			Remove
			Change
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fan eff <mark>Note:</mark>	we date, if other than the date of filing: Of 17 2018 (optional) ctive 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
e red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	······

Page 3 of 3

Filing Fee: \$25.00