118000280672

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

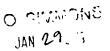
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COVER LETTER

TO: Registration S Division of Co		•	
MHS OA			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Howard Fox		
	 	Name of Person	
		Firm/Company	
	299 Blackbird Lane		
	Jupiter, Florida 33458	Address	
	hfoxo@yahoo.com	City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Garey N. Maietta, Esq.		609 921-6060 ext	
Name o	of Person	at ()Area Code Daytime	Telephone Number
Enclosed is a check for t	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 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

. MHS OAKS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on December 5, 2018	and assigned
Plorida document number L18000280672		
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited	liability company here:	19
MHS OAKS LLC		£ 71
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the a	obreviation "V.TC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	000
		ORIGINA TO
		7 0
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
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

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
			□ Add
			☐ Remove
			Change
		·	Add
			Remove
			Remove SSEE OF Change
			□ Remove
			Change
			
			Remove
			Change
		Remove	
			Change
		· <u> </u>	
			□ Remove
			☐ Change

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E. Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	the date of filing:
If the record specifies a delay (b) The 90th day after the re	ved effective date, but not an effective time, at 12:01 a.m. on the earlier or ecord is filed.
Dated December 21	2019
~	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00