# 1190000 64884

(R€	equestor's Name)	
(Ác	dress)	
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## **COVER LETTER**

10: Registration S Division of Co			
subject:	F Associates Have Name of Lim	-Kill Point U.C. 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:	
	Avi	Stern Name of Person	·
		55.0Ciate \ Firm Company	
	5301 N Feder	al Huy #1-190	
	Boca Ratin, I	City/State and Zip Code	<del></del>
	OVI @ MIGO E-mail address: (	ed . CoM to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
A.; S Name	nt Person	at ( <u>561</u> ) <u>347 - 5</u> Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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

MF Associates Have	Will Point LC	
(Name of the Limited Liability Cor	mpany as it now appears on our led Liability Company)	records.)
·		
The Articles of Organization for this Limited Liability Compa	my were filed on $3/6$	16/2019 and assigned
Florida document number <u>U9 0000 64884</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
MF Associates Haverhill Court, LI The new name must be distinguishable and contain the words "Limited Li	LC	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	on "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Sane	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
		20.
		- œ - · · · · · ·
Enter new mailing address, if applicable:	Some	- 1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered		ecords, enter the name of the per
registered agent and/or the new registered office address b	<u>iere</u> ;	
Name of New Registered Agent:	ue	
New Registered Office Address:	ne.	
	Enter Florida stree	t address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	

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 = M AMBR = A	lanager Authorized Member		•
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		All Sare	
			□ Remove
			□ Change
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f an eff <mark>Note:</mark>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated <sub>.</sub>	May 13 . 2019.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00