# L19000077106

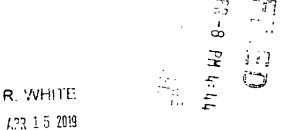
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### **COVER LETTER**

TO: Registration S Division of Co			•	
MFHW 4, SUBJECT:	LLC		4.	
	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Joshua O Dorcey			
		Name of Person		
	The Dorcey Law Firm, Pl.	.C		
		Firm/Company  10181 Six Mile Cypress Parkway, Suite C		
	10181 Six Mile Cypress Parkway, Suite C			
		Address	<del></del>	
	Fort Myers, FL 33966			
	Mike@dorceylaw.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please co	all:		
Michael A. Scott, Esq		239 418-0169 at ()		
Name o	of Person	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

2019 APR -8 PM 4:43

	201711	0 111 4.40		
MFHW 4, LLC	<u> </u>			
( <u>Name of the Limited Liability C.</u> (A Florida Lim	ompany as it now appears on our records.) itted Liability Company)	FL		
he Articles of Organization for this Limited Liability Complorida document number L19000077016				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited	liability company here:			
the new name must be distinguishable and contain the words "Limited of the new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS.				
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address	d office address on our records, <u>en</u> <u>here</u> :	ter the name of th		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida	Zw 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
MGR	Moody Family Holdings Wyoming, LLC	14258 Creek Run Drive	□ Add
		Riverview, FL 33579	
			Remove
			Remove
			Change
			Remove
			Change
			Change
			□ Remove
			Change
<del></del>			
			Remove
			□ Change

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Note: If the	te, if other than the late is listed, the date me date inserted in this b offective date on the E	ist be specifie : ·lock does no	and cannot be timeet the a	prior to date o pplicable sta	of filing or mo tutory filing	re than 90 day	( <b>optional)</b> s after filing.) Pr s, this date wil	irsuant to 605.020 I not be listed as
the record so) The 90th	specifies a delaye day after the red	d effective cord is file	date, bu d.	t not an e	ffective tir	ne, at 12:	01 a.m. on	the earlier o
Dated/	APRIL O	Signature of	, 20 1 a member or	authorized to	presentative o	f a member		
Ţ	MIGHARE A.		Auni	REP printed name	ATTER			

Page 3 of 3

Filing Fee: \$25.00