## L19000093434

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## **COVER LETTER**

		stration Sect sion of Corpo			
SUBJEC	ъ.	Mulroe Hous	e LLC		
SUBJEC	.1: "		Name of Limit	ed Liability Company	
The enclo	osed .	Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please rei	turn a	all correspond	dence concerning this matter to	o the following:	
			Francis X. J. Lynch, Esquire	e	
				Name of Person	
			Breton Lynch Eubanks & St	uarez-Murias, P.A.	
				Firm/Company	
			605 N. Olive Avenue, 2nd F	Floor	
				Address	<del></del>
			West Palm Beach, FL 3340	1	
				City/State and Zip Code	
			flynch@blesmlaw.com		
			E-mail address: (to	be used for future annual report	notification)
For furthe	er inf	ormation con	cerning this matter, please cal	l:	
Francis X	K. J. 1	_ynch		561 721-400 at ()	0
		Name of P	erson	Area Code Da	ytime Telephone Number
Enclosed	is a c	heck for the	following amount:		
<b>■</b> \$25.0	00 Fil	ing 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

MOLKOE HOUSE LLC		
( <u>Name of the Limited L</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number 119000093434	ity Company were filed on April 4, 2019	and assigned
This amendment is submitted to amend the following	σ·	
A. If amending name, enter the new name of the	~	
NH House LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		- <del></del>
D. If we are directly a superior of the superi		-0
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, <u>ent</u> <u>address here</u> :	~;~· 177
		T T
Name of New Registered Agent:		50 <b>60</b>
New Registered Office Address:		Ort -
	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
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			Change
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17 og						
If an effec Note: If	e date, if other than the ive date is listed, the date must the date inserted in this black's effective date on the D	t be specific and ca ock does not mee	t the applicable	ate of filing or more to statutory filing rec	(optional) nan 90 days after filing juirements, this date	A Pursuant to 605 0207 (
he reco The 9	rd specifies a delayed Oth day after the rec	l effective dat ord is filed.	e, but not ar	n effective time	, at 12:01 <b>a.</b> m.	on the earlier of:
Dated _	ptember 16		2019			
			<del>( ) </del>			
		~ \	_			

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Typed or printed name of signee

Filing Fee: \$25.00