L19000107224

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Registration S Division of Co			
eun recr.	MH WTN	DOWS LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	TIMOT	HY BOLYAR. Name of Person	n
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	MH WS	Pinn/Company	
		Firm/Cотралу	
	105 657	4 AVE W Address	
		Address	
	BNADENTON	City/State and Zip Code	
	F-mail address: ()	to be used for future annual report notif	@MHWSNDOWSFL.Com
For further information of	concerning this matter, please ca		Calloni
TIMOTH	Y BOLYAND	at (727) 255 Area Code Daytime	- 9871
Name e	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

MH WIND	ows LLC	9269 KIN LT (TO TO TO
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on da Limited Liability Company)	our records etil 17 (2) 35
The Articles of Organization for this Limited Liability Florida document number $\underline{L}19000107$	Company were filed on	1/19/2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our <u>dress here</u> :	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	7.71-7	
	Enter Florida st	reet 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

Title	Name	Address	Type of Action
MGR	TIMOTHY BOLYARD	105 65TH AVE. W	Add
		BNADBNTON, FL 34207	Remove
			Z Change
AMBR	JAUN A. HUNTADO	112 6STH AVE. W	Add
		BRADENTON, FC 34207	□ Remove
			Change
		***************************************	☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			🗆 Remove
			□ Change
			□ Add
			Remove
			_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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effective <u>e:</u> If the	e date is listed, the date inserted	than the date of the date must be spe I in this block does on the Departm	cific and cann es not meet t	he applicable	ate of filing or mor statutory filing i	e than 90 days af	i tional) ter filing.) Pursua his date will no	nt to 605.020 t be listed a:
ecord ne 90t	h day after	delayed effective the record is	filed.			ne, at 12:01	. a.m. on the	e earlier o
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Page 3 of 3

Filing Fee: \$25.00