# L19000255841

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## **COVER LETTER**

### + TO: Registration Section Division of Corporations

12816 U.S. Highway 301, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark T. Stern, Esq.

Name of Person

Law Offices of Mark T. Stern, PA

Firm/Company

4326 E. Tradewidns Ave-

Address

Lauderdale By The Sea, FL 33308

City/State and Zip Code

mark@attorneystem.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Mark T. Stern
 954
 772-6800

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303 Tallahassee, FL 3230 Tallahassee, FL

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabi</u> (A Floric	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability ( Florida document number <u>L19000255841</u>	Company were filed on <u>10/23/2019</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lin</u>	mited liability company here:
MHCC DADE, LLC	
The new name must be distinguishable and contain the words "Lin	imited Liability Company," the designation "LLC" or the abbreviation "L.U.C."
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADD</u>	<u>DRESS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	red office address on our records, <u>enter the name of the new regist</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Cuv Zin Code

New Registered Agent's Signature, if changing Registered Agent:

a,

*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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

### MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
			🗆 Add
			🗆 Remove
			DAdd
			Remove
			🗆 Change
			□Add
			Remove
			🗆 Add
			Change
			🗆 Add
			AHASSEE FLE
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	·	2024 C SECI TAL	لعثت
	Signature of a member or authorized representative of a member		۲ کی معددی ا
Mark T. Stern, F		PH 2 Y OF S SSEE.	n O
	Typed or printed name of signee	FL FL	