## L19000Z98488

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations			· · · · · · · · · · · · · · · · · · ·
			20
SUBJECT:	Name of Lim	ited Liability Company	THE STATE OF THE S
			Ę.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	7
Please return all correspo	ondence concerning this matter	to the following:	
	Heather Blevins		
		Name of Person	
	MSH Property Holdings, L	LC	
		Firm/Company	
	5589 Okeechobee Blvd., S	TE 204	
	<del></del>	Address	·
	MSH Property Holdings, LLC  Name of Limited Liability Company  I Articles of Amendment and fee(s) are submitted for filing.  at all correspondence concerning this matter to the following:    Heather Blevins		
		City/State and Zip Code	<u>-</u>
	-		(ingrion)
For further information c			ication)
Heather Blevins			
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Addres Registration			ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TO				
ARTICLES O	F ORGANIZATION	<u>.</u>			
	OF	2			
		4			
MSH Property Holdings, LLC					
	ompany as it now appears on our recon	rds.)			
(A Florida Lim	nited Liability Company)	李 瑩			
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/06/2019	and assigned			
Florida document number L19000298488	· · · · · · · · · · · · · · · · · · ·				
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here:				
A. If amending name, enter the new name of the minted	naomity company nere.				
<del></del>					
The new name must be distinguishable and contain the words "Limited	Liability Company, the designation "LI	C or the appreviation "L.L.C.			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>				
Enter new mailing address, if applicable:					
ζ	<del></del>				
(Mailing address MAY BE A POST OFFICE BOX)					
	<del></del>	<u> </u>			
D. IC	C.,ddusaa on assunaaaada anta	on the name of the new peristaged			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	nce address on our records, ente	The name of the new registered			
Manage of New Deviation of Agency					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street addr	ess			
	F	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 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

<b>Title</b>	<u>Name</u>	Address	Type of Action
AMBR	The Glenn Dowler Irrevocable GST Trus	5589 Okeechobee Blvd, STE 204	<b>=</b> Add
		West Palm Beach, FL 33417	
	,		□Change
			□Remove
			Change
	<u>-</u>		□Add
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ee	date, if other than the date of filing: (optional)	
an effect lote: If	date, if other than the date of filing:	
l is filed		the
ated	January 8 . 2020.  Heathy Bleving Typed or printed name of signee	
	al Maria	
	Signature of a member or authorized representative of a member	