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| | Fax Number | : (850)617-6383 |
| From: | | |
| | Account Name | : LAZARUS CORPORATE FILING SERVICE, INC. |
| | Account Number | : 1200000000019 |
| | Phone | : (305)552-5973 |
| | Fax Number | : (305)675-5944 |
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| **Entar | the email addres | s for this business entity to be used for future |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MHW GROUP LLC

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SEP 2 2 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MHW GROUP LLC | | |
|---|---|------------------------------|
| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears on our records. ited Liability Company) |) |
| The Articles of Organization for this Limited Liability Comp. | pany were filed on 02/07/2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, enter | the name of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addres | is . |
| | ជ ្រ | orida |
| | , * * * * * * * * * * * * * * * * * | 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

| Title | Name | Address | Type of Action |
|-------|--------------------------|------------------------|----------------|
| MGR | REY HERNANDEZ, ESMEIRA E | 3351 S.W. 128th Avenue | |
| | | MIAMI, FL 33175-2717 | Remove |
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| . Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa | | (optic nal ling or more than 90 days after filing ory filing requirements, this dat |) g.) Pursuant to 605.0207 e will not be listed as |
| the record specifies a delayed effective decord is filed. | late, but not an effective time, at 12: | 01 a.m. on the earlier of: (b) 1 | The 90th day after the |
| Dated SEPTEMBER 16TH | , 2021 | | : |
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