L20 000094224

(Re	equestor's Name)	
(Ad	ldress)	
(A)	ldress)	
(1.0		
(Cit	ty/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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	Al	
(LX	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Siling Officer	1
Special instructions to	Filing Officer.	





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2029 JUH - 1 PM 5: 67

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'JUN 1 7 2020

COVER LETTER

TO:

Tallahassee, FL 32314

ΓΟ: Registration S Division of Co			•
SUBJECT: MHF		*	: • • •
SOBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	TAS	on V. Stone Name of Person	
		Name of Person	
		Firm/Company	
	7807 0	alafia Ridge P	.d
	Rivervita	N, FL 33569	
	trishs to	N, FL 33569 City/State and Zip Code ne 2111 Q gmail. Co o be used for future annual report notific	cation)
For further information of	concerning this matter, please ca		
Trish	Stone	at (813) 210- Area Code Daytime	0481
Name (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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sect	tion
Division of C	Corporations	Division of Corp	orations
P.O. Box 632	27	The Centre of Ta	ıllahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUH - 1 PH 5: 07
MHPLLLC.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on April 1, 2020 and assigned
Florida document number <u>L2000094224</u> .
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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
The state of the s
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida City Zip Code
·
New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

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

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 2020 JU!! - 1 PH 5: 07	Type of Action
MGR	Chastian Taurman, IV		□ Add
			□Remove
			Change
			□ Add
			□Remove
		 	□Add
			□Remove
			Change
			□ Add
		 	Remove
			□Change
			□Add
			□Remove
			Change
	<u> </u>		□ Add
			🖸 Remove
			□ Change

Transcriding any ou	her information, enter change(s) here: (Attach additional sheets, if necessary.)
	2020 JUN - 1 PH 5: 07
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(If an effective date is liste Note: If the date inser	deter than the date of filing:
he record specifies a del ord is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May	39 , 3000. Signature of a member or authorized representative of a member
	Jason V. Stone Typed or printed name of signee