LLOOUD IFF 1273

(Requestor's Name)
(Address)
(Address)
(//00/633)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Cartificat Caning Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700350481347

08/31/20--01036--010 **25.00



T. LEMIEUX

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	A.O. MH	S CCC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cyr	thia ternainale	
	A	O. Units UC	
	1007 N	Federal H.	shwall St821
	Fort laude	rdale AL 3830L City/State and Zip Code	4
	ASHLUOV E-mail address: (0	SULDOUL MC+. C	
For further information co	oncerning this matter, please ca	all:	
ASNUL Name of	1 Church II	at (315) 419- Area Code Daytime	8US3 : Telephone Number
Enclosed is a check for th	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lial (A Flor	pility Company as it now appears on our ida Limited Liability Company)	ur records.)	_
The Articles of Organization for this Limited Liability	Company were filed on U	$\sqrt{22}$ and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		71
The new name must be distinguishable and contain the words "I. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		ion "LLC" or the abbreviation	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12 42	<u>.</u>
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records	s, enter the name of the i	new registered
Name of New Registered Agent: New Registered Office Address:	Egstered Age	nts Inc.	, Ste 150A
\supset	IMPCL -City	, FloridaZip Coo	de .

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 Challeing Registered Agent, Signature of New Registered Agent

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 Cynthia Hernander 1007 N federal thyrluny add St 84 fra laudidale, FC Skemove MGR BACE Management, LC 8 + The Green Sute" ☐ Change __ 🗆 Remove _____ Change _____ □Remove ____ Change Remove __ 🗆 Add □Remove

______ □Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
(If an effe <u>Note:</u> I	we date, if other than the date of filing:
he record ord is file	I 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 ed.
Dated _	August 18 A. DOD.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00