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## **COVER LETTER**

SUBJECT: MF	3P Stach	louse, LLC	
_, ,	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Benjar	nin Criff Name of Person	<u> </u>
	MBP	Starhouse,	LLC
	410 NW	33 rd Terra	ce
	Lauderl	City/State and Zip Code	311_
	Venjaminadress: (1	to be used for future annual report noti	mail. Com
For further information co	ncerning this matter, please ca	all:	
Benjamin	Griffin Person	at (7.54) 240 Area Code Daytim	5 - 475   Te Telephone Number
Enclosed is a check for the	-		
S25.00 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)

TO:

**Registration Section Division of Corporations** 

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

MBY Starhouse.	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number $L20002.3800$	ed on $08/00/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2021
(Principal office address MUST BE A STREET ADDRESS)	<b>5</b> 71
	<u> </u>
Enter new mailing address, if applicable:	P. C
(Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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 Benjamin Grilfin 410 NW 335 Terrace, Laudethill XADD □ Remove □ Change MGR MaryAnn Griffin 410 NW 33td Terrace Andel Remove ☐ Change □∧dd □Remove □Add □ Change 

\_\_ Change

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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meet the cument's effective date on the Department of State's results.	be prior to date of: applicable statu ecords.	filing or more than 90 tory filing requirer	days after filing.) P nents, this date wi	ll not be listed as
scord specifies a delayed effective date, but not an effe s filed.	ctive time, at 12	:01 a.m. on the ear	lier of: (b) The S	00th day after the
ed 11 10 2020 .	<u> </u>	<u> </u>		
-Xundan	1111-2	in		
Signature of a member	or authorized repr	esentative of a memb	ег	