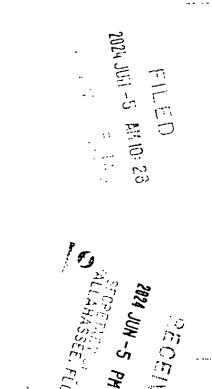


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(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	
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FLORIDA CAPITAL	. COURIER SERVICI	ES, INC	(850) 524–5437
2330 CLARE DR			(850) 524–6243
TALLAHASSEE, FL	32309		(850) 491–9625
Please use funds t	from this account:	120210000160: \$25.00	
Authorization Sign	ature: Ou	<u> </u>	
Business Name:	1111 MH CONSU	LTING LLC	
Document #	L21000386560		
Certified Copy			
Certificate of S	status		
NEW FILINGS		AMMENDMENTS	
Profit Corp		_XAmendment	
Not for Profit		Resignation of R.A.	Officer/Director
Limited Liability	y	Change of Register	ed Agent
Domestication		Revocation of Disso	olution
LLLP		Merger	
CORP		Articles of Conversi	ion
Other		Restated Articles of	f Incorporation
Other		Statement of Autho	rity
OTHER FILINGS		REGISTRATION/QUAL	JFICATIONS
Apostille		Foreign Filing	
Country		Reinstatement	
		Qualification	
		Annual Report	
		Fictitious Name	

EXAMINER'S INITIALS:____

FLORIDA CAPITAL	COURIER SERVIC	ES, INC	(850) 524–5437
2330 CLARE DR			(850) 524–6243
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OTHER FILINGS		REGISTRATION/QUAL	<u>JFICATIONS</u>
Apostille		Foreign Filing	
Country		Reinstatement	
		Qualification	
		Annual Report	
		Fictitious Name	

EXAMINER'S INITIALS:____

COVER LETTER

Tallahassee, FL 32314

TO: Registration of Division of	on Section f Corporations		
OLUM TO COM	MH CONSULTING LLC		
30B3EC1	Name of Lin	nited Liability Company	_ _
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all cor	respondence concerning this matter	r to the following:	
	Benjamin Zaoui		
		Name of Person	
	FLOMIA62 LLC		
	-	Firm/Company	
	1025 SE 5th Street		
	·	Address	
	HIALEAH, FL 33010		
		City/State and Zip Code	
	benjamin@flomia62.com	(to be used for future annual report notil	Vication)
For further informat	ion concerning this matter, please of	·	iteation)
Benjamin Zaoui		305 481-5445 at ()	
Na	ame of Person		e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee S30.00 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 Ac</u> Registrati	Idress: ion Section	Street Address: Registration Sec	etion
	of Corporations	Division of Cor	
P.O. Box		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

In the consulting LLC (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 08/30/2021 and assigned or document number 1.21000386560 This amendment is submitted to amend the following: 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 "LLC" after new principal offices address, if applicable: Inter new principal offices address, if applicable: Inter new mailing address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Inter new maili		ORGANIZATION OF	Phys. M.
and assigned lorida document number L21000386560 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" noter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) It amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Zip Code		/ L	
The Articles of Organization for this Limited Liability Company were filed on the Articles of Organization for this Limited Liability Company were filed on the Indiana and assigned and assigned florida document number L21000386560 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 "LLC". The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address MUST BE A STREET ADDRESS. The new mailing address MAY BE A POST OFFICE BOX. The new mailing address MAY BE A POST OFFICE BOX. The new mailing address MAY BE A POST OFFICE BOX. The new mailing address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code Tip Code	1111 MH CONSULTING LLC		Section Str.
The Articles of Organization for this Limited Liability Company were filed on the Articles of Organization for this Limited Liability Company were filed on the Indiana and assigned and assigned florida document number L21000386560 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 "LLC". The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address MUST BE A STREET ADDRESS. The new mailing address MAY BE A POST OFFICE BOX. The new mailing address MAY BE A POST OFFICE BOX. The new mailing address MAY BE A POST OFFICE BOX. The new mailing address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code Tip Code	(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</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 "LLC". Enter new principal offices address, if applicable: 1025 SE 5th Street			
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 "LLC". Enter new principal offices address, if applicable: 1025 SE 5th Street		were filed on association	and assigned
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 "L.L.C." 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) Enter new mailing the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Zip Code			
the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Inter new principal offices address, if applicable: 1025 SE 5th Street	his amendment is submitted to amend the following:		
Enter new principal office 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Inter Florida street address	A. If amending name, enter the new name of the limited liab	oility company here:	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS HIALEAH, FL 33010			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX HIALEAH, FL 33010	The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE BOX] B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address:	Enter new principal offices address, if applicable:	1025 SE 5th Street	
Mailing address MAY BE A POST OFFICE BOX) HIALEAH, FL 33010 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33010	
Mailing address MAY BE A POST OFFICE BOX) HIALEAH, FL 33010 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code			
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code	Enter new mailing address, if applicable:	1025 SE 5th Street	
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	If amonding the registered exect and/our vist of 1.65		
New Registered Office Address: Enter Florida street address , Florida City Zip Code	3. If amending the registered agent and/or registered office;	address on our records, enter	the name of the new regist
New Registered Office Address: Enter Florida street address , Florida City Zip Code	gent and/or the new registered office address here:		
Enter Florida street address , Florida Zip Code	agent and/or the new registered office address here:		
Enter Florida street address	agent and/or the new registered office address here:		
City Zip Code	Name of New Registered Agent:		
,	Name of New Registered Agent:	Enter Florida street addre.	SS
New Registered Agent's Signature, if changing Registered Agent:	Name of New Registered Agent:	, Fi	

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 Changing 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HERING, MARIA	1025 SE 5th Street	
		HIALEAH, FL 33010	□ Remove
			\equiv Change
			□Remove
			□Change
		-	□ Remove
			□Change
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			□Add
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			□Change
			□ Add
			□Remove
			□ Changa

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		n	·		
(If an effective date Note: If the dat	if other than the date is listed, the date must be inserted in this block tive date on the Department.	e specific and cannot be k does not meet the a	pplicable statutory fil	(option more than 90 days after fining requirements, this c	al) ling.) Pursuant to 605.0207 late will not be listed as
document 3 cree					
	a delayed effective d	late, but not an effecti	ive time, at 12:01 a.n	a. on the earlier of: (b)	The 90th day after the