

L21000 H34 307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

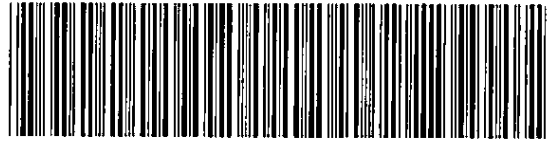
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700429326357

05/16/24 01010-107 **25.00

FILED
2024 MAY 16 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M&H PROJECT1, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATELYN DOUGHERTY

 Name of Person

HARBOUR BUSINESS LAW

 Firm/Company

200 N. PIERCE STREET, SUITE 2A

 Address

TAMPA FL, 33602

 City/State and Zip Code

ANNUALREPORTS@HARBOURBUSINESSLAW.COM

 E-mail address: (to be used for future annual report notification)

FILED
 2024 MAY 16 AM 10:45
 SECRETARY OF STATE
 TALLAHASSEE, FL

For further information concerning this matter, please call:

KATELYN DOUGHERTY at (813) 706-7333

 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

M&H PROJECT1, 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 10/04/2021 and assigned
Florida document number L21000434307.

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:

200 N. PIERCE STREET

(Principal office address MUST BE A STREET ADDRESS)

SUITE 2A-203

TAMPA, FL 33602

Enter new mailing address, if applicable:

200 N. PIERCE STREET

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 2A-203

TAMPA, FL 33602

FILED
2024 MAY 16 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL

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 _____

City

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	M&H FLIPPING GROUP, I.L.C	200 N. PIERCE STREET	<input type="checkbox"/> Add
		SUITE 2A-203	<input type="checkbox"/> Remove
		TAMPA, FL 33602	<input checked="" type="checkbox"/> Change
MGR	MATIAS J. ESPINOZA SEPULVEDA	200 N. PIERCE STREET	<input type="checkbox"/> Add
		SUITE 2A-203	<input type="checkbox"/> Remove
		TAMPA, FL 33602	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2024 MAR 16 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL

