| | (Requestor's Name) |
|-------------------------|--------------------------|
| | (Address) |
| <u> </u> | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | o Filing Officer: |
| | J. HORNE OCT 14 2022 |

Office Use Only



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10/17/22--01003--003 **25.00

COVER LETTER

| | tration Section on of Corporations |
|------------------|--|
| SUBJECT: _ | MH Logoning, LLC Name of Limited Liability Company) |
| The enclosed A | articles of Amendment and fee(s) are submitted for filing. |
| lease return al | Il correspondence concerning this matter to the following: |
| | Jasmine Hamilton Name of Person |
| | |
| | Firm/Company |
| | 3941 Trail Ridge Rd |
| | Middleburg, FC 32068 |
| | E-mail address: (to be used for future annual report notification) |
| For further info | ormation concerning this matter, please call: |
| Jas | mine Hamilton at (401) 480-3286 Name of Person Daytime Telephone Number |
| | |
| Enclosed is a cl | heck for the following amount: |
| \$25.00 Fili | ing Fee \$\Bigcup \$30.00 \text{ Filing Fee & } \Bigcup \$55.00 \text{ Filing Fee & } \Bigcup \$60.00 \text{ Filing Fee.} \\ \text{Certificate of Status & } \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{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 ARTICLES OF ORGANIZATED The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L72000093</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: (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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| ii amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effect Note: I | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records. |
| the record ford is file | 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 d. |
| Dated _ | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |