

**L22000525026**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

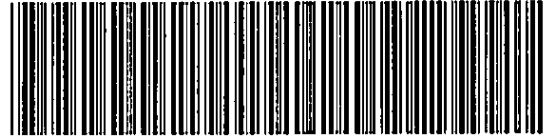
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 JUN 15 PM 2:45

CLERK OF STATE  
TALLAHASSEE, FL

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2023 JUN 15 PM 2:32

CLERK OF STATE  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MHQuire Investments Properties Six, LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by: seth

06/14/23

Name

Date

Time

Walk-In

Will Pick Up

111 - Pender & Pender • Tallahassee, FL 32301

\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_ Merger File \_\_\_\_\_  
\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_ Courier \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: MIHQire Investments Properties ~~File~~ 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:

Brent A. Friedman
Name of Person
Brent A. Friedman, PA
Firm/Company
78 SW 7th Street, 5th Floor
Address
Miami, Florida 33130
City/State and Zip Code
brent@brentafriedman.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent A. Friedman    305        562-6800  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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

FILED

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

DEPT. OF STATE  
TAMPA, FL

**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**

[illegible]

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CLERK OF STATE  
TALLAHASSEE, FL

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2023 JUN 15 PM 2:45  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

(If an effective 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)(b)

If the record 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 record is filed.

Dated June 14, 2023

Daniel H. Charleton  
Daniel H. Charleton (Jun 15, 2023 10:46 EDT)

Signature of a member or authorized representative of a member

Daniel Charleton

Typed or printed name of signee

**Filing Fee: \$25.00**