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2023 JUN -5 AM * 07 SECRETARY OF STATE TALL A HASSEE, FLORID

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COVER LETTER

	ration Section n of Corporations
SUBJECT:	MHB, LLC.
301A/DC1	Name of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Kristiva Montes 1000
	MHB LLC
	Firm/Company
	5615 NW 74 AVENUE, MARGINE FLO38/100
	Address
	Miami, M 33166 City/State and Zip Code KMONTES 0622 @ 9mail. COM
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
kn stina	Mointer 186 514 5492
MIZITIM	Name of Person at (186) 514 5442 Area Code Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
💢 \$25.00 Filin	g Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \$\Bigcup \$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\$\$
Regist Divisi P.O. E	Street Address: Tration Section On of Corporations Box 6327 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mHBLLC	
(Name of the Limited Liability Company as it n (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 $\frac{23000251594}{}$.	ed on $\frac{5/2a/23}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	SEC SEC
	AR C
Enter new mailing address, if applicable:	29 JUN -5 LAHASSEE.
Mailing address MAY BE A POST OFFICE BOX	THE A IN
772 111111 111111 111111 111111 111111	FE SAME OF STATE OF S
	5× 37
3. 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
in the new registered office and the	
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:

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 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>	Type of Action
<u>President</u>	Juse Montes	5615 NW 74 AVENUE MIAMI, FL 33146	Add
			□ Remove
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Dated 05 30 , 2023 . **Moutes** Signature of a member or authorized representative of a member		v										
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