

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000046171 3)))



H190000461713ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800) 345-4647
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MORRISON GROVE CS MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

19 FEB 12 11:51:37

FILED
19 FEB 12 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

2/11/2019 10:09:53 AM PAGE 1/001 Fax Server



February 11, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MORRISON GROVE CS MANAGEMENT, LLC
744 SOUTH VILLAGE CIRCLE
TAMPA, FL 33606

SUBJECT: MORRISON GROVE CS MANAGEMENT, LLC
REF: M10000001041

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

FAX Aud. #: H19000046171
Letter Number: 619A00002880

(((H19000046171 3)))

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA****SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MORRISON GROVE CS MANAGEMENT, LLCEnter new principal office address, if applicable: 4401 NORTH MESA
EL PASO, TX 79902
*(Principal office address
MUST BE A STREET ADDRESS)*Enter new mailing address, if applicable: 4401 NORTH MESA
EL PASO, TX 79902
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is:
- M10000001041

3. Jurisdiction of its organization:
- MARYLAND

4. Date authorized to do business in Florida:
- 03/05/2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:
- HUNT MGM CS, LLC
-
- (must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer 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: CAPITOL CORPORATE SERVICES, INC.New Registered Office Address: 515 EAST PARK AVENUE 2ND FL

Enter Florida Street Address
TALLAHASSEE, Florida 32301
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.

Manic Case

If Changing Registered Agent, Signature of New Registered Agent

(((H19000046171 3)))

(((H19000046171 3)))

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/Capacity	Name	Address	Type of Action
Asst. Sec.	Susanne Smith	4401 N. Mesa	<input checked="" type="checkbox"/> Add
		El Paso, TX 79902	<input type="checkbox"/> Remove
Member	Hunt MGM, LLC	4401 N. Mesa	<input checked="" type="checkbox"/> Add
		El Paso, TX 79902	<input type="checkbox"/> Remove
MGRM	Morrison Grove CS Management, LLC	900 W. Platt Street, Ste 200	<input type="checkbox"/> Add
		Tampa, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Susanne Smith

Signature of the authorized representative

Susanne Smith, Asst. Secretary of Member

Typed or printed name of signer

Filing Fee: \$25.00

4

(((H19000046171 3)))

19 FEB 12 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Acknowledgement Number: 1000362011577956

STATE OF MARYLAND
Department of Assessments and Taxation

I, Michael L. Higgs, Director of the State Department of Assessments and Taxation, hereby certify that the attached document, consisting of 2 pages, inscribed with the same Authentication Code, is a true copy of the public record of the

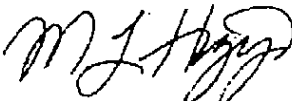
ARTICLES OF AMENDMENT / NAME CHANGE-DOMESTIC LLC

for
HUNT MGM CS, LLC

(Department ID: **W13222237**)

I further certify that this document is a true copy generated from the online service with the State Department of Assessments and Taxation.

In witness whereof, I have hereunto subscribed my signature and affixed the seal of the State Department of Assessments and Taxation of Maryland at Baltimore on this February 11, 2019.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: gwn0QU2MFkWqMNjpQLO
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

CORPORATE CHARTER APPROVAL SHEET

1000362011577956

** KEEP WITH DOCUMENT **

DOCUMENT CODE 41A BUSINESS CODE 20

W-13222237

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____

FEES REMITTED

Base Fee:	<u>100</u>
Org. & Cap. Fee:	<u>70</u>
Expedite Fee:	
Penalty:	
State Recordation Tax:	
State Transfer Tax:	
<u>1</u> Certified Copies	<u>22</u>
Copy Fee:	
Certificates:	
Certificate of Status Fee:	
Personal Property Filings:	
Mail Processing Fee:	
Other:	

TOTAL FEES: 192

Credit Card _____ Check X Cash _____

_____ Documents on _____ Checks

Approved By: B

Keyed By: _____

COMMENT(S):



1000362011577956

ID # W13222237 ACK # 1000362011577956
 PAGES: 0002
 HUNT MCM CS, LLC

10/05/2018 AT 12:28 P NO # 0004900850

New Name Hunt MCM CS, LLC

**CERTIFIED
COPY MADE**

- ☒ Change of Name
- ☐ Change of Principal Office
- ☐ Change of Resident Agent
- ☐ Change of Resident Agent Address
- ☐ Resignation of Resident Agent
- ☐ Designation of Resident Agent and Resident Agent's Address
- ☐ Change of Business Code

Adoption of Assumed Name _____

Other Change(s) _____

Code 198

Attention: _____

HIO CORPORATE SERVICES, INC.
 715 SAINT PAUL ST
 BALTIMORE MD 21202-2311

CUST ID: 0003684873
 WORK ORDER: 0004900850
 DATE: 10-09-2018 12:53 PM
 AMT. PAID: \$599.00

**ARTICLES OF AMENDMENT
OF
MORRISON GROVE CS MANAGEMENT, LLC
CHANGING ITS NAME TO
HUNT MGM CS, LLC**

The Articles of Organization of Morrison Grove CS Management, LLC, a Maryland limited liability company (the "Company"), are hereby amended as follows:

FIRST: The Articles of Organization of the Company are hereby amended by striking Article I in its entirety and inserting in lieu thereof the following:

ARTICLE I

NAME OF COMPANY


The name of the limited liability company (hereinafter referred to as the "Company") is Hunt MGM CS, LLC.

SECOND: All other provisions of the Articles of Organization of the Company shall remain in full force and effect.

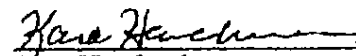
THIRD: These Articles of Amendment shall be effective upon filing.

IN WITNESS WHEREOF, the undersigned, being an Authorized Person, has executed this Amendment to the Articles of Organization on October 4, 2018.

HUNT MGM, LLC



Witness



Kara Harchuck
Authorized Person

CUST ID:0003684073
WORK ORDER:0004900650
DATE:18-09-2018 12:53 PM
AMT. PAID:\$588.00