



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/11/2017	201734102132	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

RESCH AND ROOT, LLC
5100 BRADENTON AVE.
SUITE C
DUBLIN, OH 43017

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4098061

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

MW HOOVER LLC

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 12/07/2017

Document No(s):

201734102132



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
11th day of December, A.D. 2017.

Ohio Secretary of State

Form 543A Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

For screen readers, follow instructions located at this path.

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

11/16/2017

Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

MM/DD/YYYY

Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

MW 149 GARDEN HEIGHTS AVE LLC

Name of Limited Liability Company

4098061

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

MW HOOVER LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name