## 110000061054

(Req	uestor's Name)			
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PICK-UP	WAIT	MAIL		
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G. MCLEOD Only

FEB 11 2011

**EXAMINER** 



700192927167

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FILED

11 FEB 10 AM 8:40

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration of	n Section Corporations	
SUBJECT:		LH3 LLC
		nited Liability Company
The enclosed Article	s of Amendment and fee(s) are su	abmitted for filing.
Please return all corr	espondence concerning this matte	er to the following:
	JE	ERRY KAHN ESQUIRE
		Name of Person
		ATTORNEY AT LAW
		Firm/Company
	PO BOX 41-4213	
		Address
	MI	IAMI BEACH, FL 33141
	,	City/State and Zip Code
	KAHN	IMAN@BELLSOUTH.NET
	E-mail address:	(to be used for future annual report notification)
For further informati	on concerning this matter, please	call:
	ERRY,KAHN ESQ	· ·
Na	me of Person	Area Code & Daytime Telephone Number
Enclosed is a check 1	for the following amount:	·
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
- Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	H3 LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appear nited Liability Company)	rs on our records,)	<del></del>
The Articles of Organization for this Limited Liability Conforda document number L10000061054	npany were filed on	06/08/210	and assigned
This amendment is submitted to amend the following:			At
A. If amending name, enter the new name of the limited	TRO GAR	SDENZ	KLCATT
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			AAT =
(Principal office address MUST BE A STREET ADDRES	55)		ASS AS
			ASS =
<b>-</b>	•		
Enter new malling address, if applicable:		***	- T
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
		Week, was a second and a second a second and	DE O
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:	ed office address on o s here:	ur records, <u>enter t</u>	ne name of the new
New Registered Office Address:	Ent	er Florida street addr	725S
		, Florida	
	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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action **MGRM** RICHARD NANOS PO BOX 41-4213 MIAMI BEACH, EL 33141 RICHARD MANOS MGRM PO BOX 41-4213 MIAMI REACH, FL 33141 ☐ Add Remove □ Add Remove □Add Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member of authorized representative of a member
RICHARD MANOS MGRM

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00