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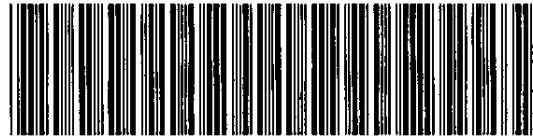
(Business Entity Name)

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SECRETARY OF STATE
FALLS CHURCH, VIRGINIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G & H Anna Maria, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda J. Williams
Name of Person

Hartman Simons & Wood LLP
Firm/Company

6400 Powers Ferry Road NW, Suite 400
Address

Atlanta, GA 30339
City/State and Zip Code

amanda.williams@hartmansimons.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda J. Williams at (770) 951-6789
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: G & H Anna Maria, LLC

SECOND: The Florida Document number of the limited liability company is: L14000114528

THIRD: Document to be corrected is:
Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article II of the Articles of Organization is incorrect. The correct street address
of the principal office and the correct mailing address of the Company is:
1399 Church Street
Decatur, GA 30030

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

Amanda J. Williams 7/28/14
Signature of Authorized Representative Date

STATE OF FLORIDA
JULY 28 2014
14 AUG - 4 PM 01
CLERK

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**