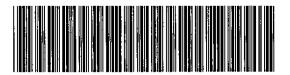
<u>LISO000 96851</u>

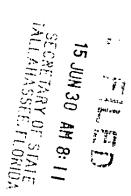
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100274319141

06/30/15--01018--020 **25.00



JUL 01 2015 J SHIVERS

CARNEY LAW FIRM, P.A.

ATTORNEYS AT LAW 511 MAIN STREET MOUNTAIN HOME, ARKANSAS 72653

MARK D. CARNEY JODI G. CARNEY TELEPHONE (870) 425-6354 FAX NO. (870) 425-5451

June 25, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: FP & H, LLC

Dear Sir/Madam:

Enclosed please find a Cover Letter and Amendment to Articles to Organization of FP & H, LLC for filing. I have also enclosed a check for twenty five (\$25.00) for the required filing fee.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

CARNEY LAW FIRM, P.A.

Mark D. Carney

MDC/kh Enclosures

COVER LETTER

Division of Con	rporations		
CEUD ED COD	FP	& H, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	•
		Mark D. Carney	
		Name of Person	
		Carney Law Firm, P.A.	
		Firm/Company	
		511 Main Street	
		Address	• • •
		Mountain Home, AR 72653	
	carı	City/State and Zip Code neylaw@carneyfirm.net	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Mark D. Carney		870 425-6354	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FP & H, LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on a Liability Company)	our records.)	
ne Articles of Organization for this Limited Liability Company orida document number	were filed on	2015	and assigned
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabi	ility company here:		
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	ation "LLC" or the ab	obreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
-			
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		r records, enter	the name of the
Name of New Registered Agent:		-	
New Registered Office Address:	Enter Florida si	treet address	2 C
		, Florida	S S In
	City)Rio	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:			'1

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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Brad Hasselwander	1793 Hwy 201 N.	■ Add
		Mountain Home, AR 72653	□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Remove
		- , , , , , , , , , , , , , , , , , , ,	Change
			
			Remove
			Change
	-		Add
			□ Remove
			□ Change
		···	Add
			Remove
			☐ Change

<u> </u>	· · · · · · · · · · · · · · · · · · ·					
						
	- "					
					<u> – .</u>	
• •						
•						
						
			<u> </u>			
						
				- 		77.
					5 JUN	
-				ASSE ASSE	30	Gasser Tasser Gasser
				### ###	<u>>=</u>	in the second
				0.1 1.8	ö	(
				NTE RIDA		
ffective date, if other than the	he date of filing:		(op	tional)		. (05.00
an effective date is listed, the date mote: If the date inserted in this	block does not meet the ap	plicable statutory f				
ocument's effective date on the	Department of State's reco	rus.				
e record specifies a delay The 90th day after the re		not an effectiv	e time, at 12:01	a.m. on	the e	arlier
June 25,	2015					
rated	, //	· · · ·				
Book	Signature of a member of a	uthorized represents	tive of a member		. <u> </u>	_

Page 3 of 3

Filing Fee: \$25.00