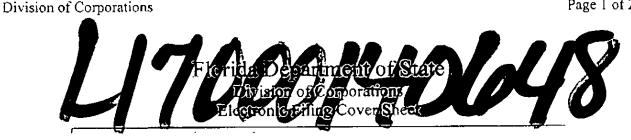
Page 1 of 2



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Division of Corporations

Fax Number : (950)617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021

Phone

: (904)356-2600

Fax Number

: (904)355-0233

Enger the email address for this business entity to be used for furure tannual report mailings. Enter only one email address please, **-

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HS DELLWOOD, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

"H17000197913

HS Dellwood, LLC				
(Name of the Limited Lightlifty Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on June 28, 2017	and assigned		
Florida document number L17000140648				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited link	nility company here:			
The new name must be distinguishable and contain the words "Limited Linbi	Ph. Campan, Will Additional MET CO.	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	my Company, the designation LLC or	the abbreviation "L.E.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
	·			
Enter new mailing address, if applicable:		(p) 2		
(Mailing address MAY RE A POST OFFICE BOX)		mer : III		
		<u>G</u> =		
B. If amending the registered agent and/or registered of	ffice address on our records, e	nter the name-of the nev		
registered agent and/or the new registered office address her	<u>c</u> ;	•		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address	 -		
	, Florida			
	Cùy	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	***			
I hereby accept the appointment as registered agent and agre	te to act in this canacing I for he	r aarea ta comulu wish shii		
provisions of all stattues 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 p	provided for in Chapter 605, F.S.	Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

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 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

H17000197913

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Henry Slater, LLC	4572 Ortega Forest Dr.	
		Jacksonville, Florida 32210	≅ Remove
			Change
MGR	Claude K. Slater, Jr.	4572 Ortega Forest Dr.	
		Jacksonville, Florida 32210	Remove
			☐ Change
MGR	Jane Stater	4572 Ortega Forest Dr.	■ Add
		Jacksonville, Florida 32210	□ Remove
			☐ Change
			Remove)
			Change
 -			D_Add
			□ Rémove
			Change
<u> </u>			
			□ Remove
		<u> </u>	Change

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ne record spec The 90th day	ifies a delayed effective after the record is file	ve date, but not an effer ed.	ctive time, at 12:01 a.	m. on th	e earlie	er of:
Dated	July 2	28 2017				
	Signature	of a member or authorized repres	solutive of a member	- ·	·	
Traci V	enable, Authorized Repres		and the state of a state of the			
1 LdC1 A	enable, Authorized Represe	cntative				

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