Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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2017 APR 18

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HUGH BRANCH, LLC

> Certificate of Status Certified Copy Page Count 03 Estimated Charge \$25.00

9. Warren

APR 19 2017

04/18/2017~4:30PM FAX 9548414182

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HUGH BRANCH, LLC	· •
(Name of the Limiter	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
	s reason minima manifes company
The Articles of Organization for this Limited Lia	bility Company were filed on NOVEMBER 4, 2002 and assigned
Florida document number L02000029327	·
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	ADDRESS)
The same was the same of the s	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>
	3
B. If amending the registered agent and/or registered agent and/or the new registered officers.	r registered office address on our records, enter the name of the necice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Dilect I. Mi Rin Ph DET MMM EVS
	, Florida
New Registered Agent's Signature, if changing Re	• • • • • • • • • • • • • • • • • • • •

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 Register

Page 1 of 3

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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

Title	<u>Name</u>	Address	Type of Action
MOR	BRETT C. BERGMANN	PO Box 882 South Bay, FI 33493	B Add
			□ Remove
			□ Change
MGR	HUGH H. BRANCH, INC	PO Box 598, Paliokee, FI 33476	
			■ Remove
			□ Change
	-		D Add
			□ Remove
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	P	age 2 of 3	>

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amending any other informa	ation, enter change(s) here: (Attach additional sheet	
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rtive date, if other than the c	date of films:	(antique)
effective date is listed, the date must	date of filing; be specifie and cannot be prior to date of filing or more than 90 d	hys after filing.) Pursuant to 605.0207 (3)(b
e: If the date inserted in this off iment's effective date on the De	ck does not meet the applicable statutory filing requireme partment of State's records.	inis, inis date will not be listed as the
	effective date, but not an effective time, at 1	2:01 a.m. on the earlier of:
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d APRIL 17	2017 .	
d APRIL 17	2017 Signature of a member or authorized representative of a member	
d APRIL 17	Signature of a member or authorized representative of a member of AUTHORIZED REPRESENTATIVE	SECRETATALLAHA
ne 90th day after the reco	Signature of a member or authorized representative of a member SQ AUTHORIZED REPRESENTATIVE Typed or printed name of algoco	17 APR 18 SECRETARY TALL AHASSI
ne 90th day after the reco	Signature of a member or authorized representative of a member SQ AUTHORIZED REPRESENTATIVE Typed or printed name of algoric	SECRETATALLAHA