

LO5000 101206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

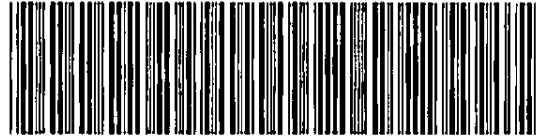
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000338659730

01/08/20--01012--002 \*\*25.00

S TALLENT

FEB - 4 2020

2020 JAN - 6 AM 10: 55  
FILED

*Arund*

*Crabtree Law Group, P.A.*  
ATTORNEYS AND COUNSELORS AT LAW

ZACHARY C. CRABTREE  
CHARLES W. BROWN, JR.  
RACHEL R. TAUBE

A. M. CRABTREE, JR.  
(1924-1995)  
R. R. CRABTREE  
(1955-2017)

8777 SAN JOSE BOULEVARD  
BUILDING A, SUITE 200  
JACKSONVILLE, FLORIDA 32217

TELEPHONE (904) 732-9701  
TELECOPIER (904) 732-9702

April 3, 2019

Amendment Section  
Attn: Keyna Page  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Entity: PH, LLC  
Document Number: L05000101206  
Date Filed: 10/13/2005  
Action Requested: Change of Registered Agent, Remove an AP and Change an AP

Dear Keyna,

In reference to the above described matter, we would like to request that the Registered Agent be updated to Zachary Crabtree. Additionally, please remove Pike Hall, III as an Authorized person and change Pike Hall, IV to be Pike Hall, IV as Trustee of the Pike Hall, IV Living Trust. Enclosed please find the additional \$25.00 check made out to the Florida Department of State necessary to cover the payment for the request. Please return any correspondence regarding this matter to:

Pike Hall, IV  
P O Box 3495  
Ponte Vedra Beach, FL 32004  
[Pike4@pikehall.com](mailto:Pike4@pikehall.com)  
904-864-3700

If you have any questions please contact the office at 904-732-9701 or you can email [err@crabtreefirm.com](mailto:err@crabtreefirm.com). Thank you for your help with this matter.

Sincerely,

  
Caroline Ramsay

err  
Enclosures

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PH, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pike Hall, IV  
\_\_\_\_\_  
Name of Person

PH, LLC  
\_\_\_\_\_  
Firm/Company

P O Box 3495  
\_\_\_\_\_  
Address

Ponte Vedra Beach, FL 32004  
\_\_\_\_\_  
City/State and Zip Code

PIKE4@PIKEHALL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PIKE HALL IV at (904) 864-3700  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

PH, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/13/2005 and assigned Florida document number L05000101206.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2020 JAN -6 AM 10:55  
FILED

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

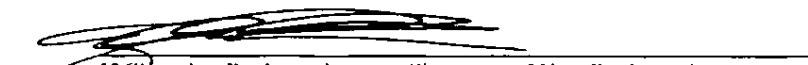
Name of New Registered Agent: Zachary Crabtree

New Registered Office Address: 8777 San Jose Boulevard, Building A, Ste 200  
*Enter Florida street address*

Jacksonville, Florida 32217  
*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Pike Hall, III	P O Box 3495	<input type="checkbox"/> Add
		Jacksonville, FL 32004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	<b>Pike Hall, IV as Trustee of the Pike Hall, IV Living Trust</b>	P O Box 3495	<input type="checkbox"/> Add
		Jacksonville, FL 32004	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

