## 1219180000000

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(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

Division of C	orporations				
SUBJECT:	H2 Florida, LLC				
		ed Liability Company	<del></del>		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Steve Adkins				
		Name of Person			
		Address			
		City/State and Zip Code			
	E-mail address: (to	steve@tbcmi.com  be used for future annual report notifi	ication)		
For further information	concerning this matter, please ca	ılt:			
Patricia Rutter Name of Person		at ( 239 ) Area Code & Daytim	332-5707		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

	H2 Florida,	LLC						
(Name of the Limited (A	Liability Company as Florida Limited Liabil	it now appears ity Company)	on our records.)					
The Articles of Organization for this Limited Li Florida document numberL06000081		e filed on	8/18/2006	and assig	gned			
This amendment is submitted to amend the follo	· ·							
A. If amending name, enter the new name of	the limited liability	company here:						
The new name must be distinguishable and end with "L.L.C."	n the words "Limited L	iability Company	," the designation '	'LLC" or the ab	breviation			
Enter new principal offices address, if applica	ıble:							
(Principal office address MUST BE A STREET ADDRESS)								
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE )  B. If amending the registered agent and/or the new registered off  Name of New Registered Agent:	r registered office	address on ou	r records, enter	the name of	the new			
New Registered Office Address:	2043 West First	Street			4			
	Fort	Myers	Florida street ad	STA 39U1	Ö			
New Registered Agent's Signature, if changing Relative to the appointment as registered the provisions of all statutes relative to the procept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the c	l agent and agree to oper and complete t tered agent as provi egistered office add hange.	performance of ded for in Chap ress, I hereby co	my duties, and I pter 608, F.S. Or,	am familiar w if this docum mited liability	rith and ent is			
	ti Changing	registereu Agent,	PIRUMENTE OF LIEM KO	rgistered Agent				

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'If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Name **Address** Type of Action MGR **TVB LLC** ☐ Add 2043 W First St Fort Myers, FL 33901 ✓ Remove NEWTON-ADKINS, LLC MGRM 2043 West First Street **√** Add Fort Myers, FL 33901 Remove ☐ Add ☐ Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 7 2011 Dated \_ Signature of a member of authorized representative of a member Steve Adkins

Typed or printed name of signee
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Filing Fee: \$25.00