Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From;

Account Name

: ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : Il9990000006

Phone

: (407) 425-7010

Fax Number

: (407) 425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Emall. | Address: | | | |
|--------|----------|--|--|--|
| | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORH MANAGMENT, LLC

| Certificate of Status | 0 |
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Corporate Filing Menu

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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| ARTICLES OF O | ORGANIZATION , |
| 0 | F ~ |
| | |
| ORH MANAG | SMENT LLC |
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records. |
| (A Florida Limited I | Liability Company) |
| The Articles of Organization for this Limited Liability Company | ORGANIZATION OF SMENT, LLC Inv as it now appears on our records. Liability Company were filed on September 28, 2006 and assigned |
| | 9.7. 2 |
| Plorida document numberL06000095041 | |
| | · y |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | nility company have |
| | |
| ORH MANAGE The new name must be distinguishable and end with the words "Lim | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| A THICK WAS A STATE OF THE STAT | |
| • | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| B. If amending the registered agent and/or registered of | |
| registered agent and/or the new registered office address her | <u>re</u> : |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| New Registered Office Address. | Enter Florida street address |
| | · · |
| | , Florids City Zip Code |
| | 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 608, 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

Page 1 of 2

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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 = Ma MGRM = N | nager Aanaging Member | | |
|----------------------|-------------------------------|---|----------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| | | | Add Remove |
| | | | |
| | | | |
| | | | Add Remove |
| | | | Add Remove |
| | | | □ D |
| D. If amend | ling any other information, e | nter change(s) here: (Attach additional sheets, if nece | essary.) |
| _ | | | |
| Dated | July 27 | | |
| | Signature | of a member or authorized representative of a member | |
| | | ROBERT HEPLER Typed or printed name of signee | |

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Filing Fee: \$25.00

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