106000117891

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2016 SEP 12 FP 2: 30

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EFFECTIVE DATE 10-01-14

COVER LETTER

TO: Registration Se Division of Cor						
HVA Holdi	ngs, LLC					
SUBJECT:	Name of Limited Liability Company					
	Amendment and fee(s) are submondence concerning this matter t					
	Carolyn Mathis					
	Name of Person					
	Firm/Company					
	Address					
	Ponte Vedra Beach, FL 32		i			
City/State and Zip Code			tran term term term term term term term term			
	cmathis@hvadvisors.com	to be used for future annual report notifica	(don)			
For further information of	concerning this matter, please ca	•	(2) (3) (3) (4) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6			
Lori Adams		904 285-4278 at (
Name o	of Person		elephone Number			
Enclosed is a check for t	he 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HVA Holdings, LLC		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	filed on 12/11/2006	and assigned
Florida document number L06000117891		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the ab	previation "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)		
		4
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter	the name of the ne
registered agent and/or the new registered office address nere:	أأسأ	<u>.</u>
N. C.N. D. L. LA	i_ c.	
Name of New Registered Agent:		<u>2</u>
New Registered Office Address:	y2 (<u> </u>
	Enter Florida street address	
	, Florida	
	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.

EFFECTIVE DATE 10-01-14

If Changing Registered Agent, Signature of New Registered Agent

SEP 1 & 2015

D. BRUCE

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>	Address Type of Action
MGR	Christopher Haley	822 AIA N., SuiTe 200 PONTE VEDRA BEACH, FL 32082 Add
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		Change
		□ Remove
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fective (date, if othe	r than the date	of filing:	October 1,			(optional)		
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ated	7	2 Sign	· · ·	20/6	·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00