## L08000047069

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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SIVISION OF CORPORATION

B. KOHR

OCT 2 7 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations			
SUBJECT:	THS Hold	ited Liability Company)	<del></del>	
	`	• • • • • • • • • • • • • • • • • • • •		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ROBERT	(Name of Person)		
	<del></del>	(Firm/Company)	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1
	1632	McKilley St. (Address)		09 OCT 26
		(Address)		og 器
	Holi	(City/State and Zip Code)	020	ARY CONTRACTOR
		(City/State and Zip Code)		₹ 85°
For further information co	oncerning this matter, please co	ali:		OF STATE ON AN 8: 23
ROBER	TA Church	at (954 249 – (Area Code & Daytime To	10801	
(Name o	f Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for th	e 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 Sta Certified Copy	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOIDINGS 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 5/12/208Florida document number <u>L08000047069</u> 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 end with the words "Limited Liability Company," the designation "LLC" 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) 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: New Registered Office Address: (Enter Florida street address)

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

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 Title **Name Address** Type of Action MGR Roberta Church

MGR Robert W LAWham Remove ☐ Add Remove \_ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10/17/2009 Roberta Church Signature of a member or authorized representative of a member

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Filing Fee: \$25.00