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D. BRUCE

FEB 15 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CT:	KMDG - Lith	ia Pinecrest 19, LLC		
0000		Name of Lim	ited Liability Company		
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
			Reed Fischbach		
			Name of Person		
			Firm/Company		
PO Box 2677		1.1148	SEC VALL		
			Address		RETA AHA
	Brandon, Florida 33509			EBIL AN	
			City/State and Zip Code rcf01@hotmail.com		
		E-mail address: (to be used for future annual report notifi	cation)	TATE
For furt	her information	concerning this matter, please of	call:		>
		ed Fischbach	ai (<u> </u>	546-1000	
	Name o	of Person	Arca Code & Daytime	: Telephone Number	ŗ
Enclose	ed is a check for t	the following amount:			
₹2 5.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Regist	ING ADDRESS: ration Section	STREET/COURING Registration Section	1	
	P.O. B	on of Corporations Sox 6327	Division of Corpora Clifton Building	•	
	Tallah	assee, FL 32314	2661 Executive Cer Tallahassee, FL 323		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KMDG - Lithia	a Pinecrest 19, I	LC
(Name of the Limited Liability Co (A Florida Lim	ited Liability Company)	us on our records.
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	April 16, 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :
GLH - Lithia I	Pinecrest 19, LLC	
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	As .=
Enter new mailing address, if applicable:		FEB 14 CAHASSEE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		our records, enter the name of the new
registered agent and/or the new registered office address	<u>s here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	F.	nter Florida street address
	Li	
	City	, Florida 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary	v.)
 Dated	February 9 20	11 ./ . /	FEB 14 CRETARY AHASSE
	TUT.		E. FLORING
-	Gregory L Henderson - GP - G	or authorized representative of a member GLH Enterprises, LLLP - Managing Men or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00