

L10000089399

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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

[Signature] 5/6

taylor | english

Taylor English Duma LLP 1600 Parkwood Circle, Suite 400 Atlanta, Georgia 30339
Main: 770.434.6868 Fax: 770.434.7376 taylorenghish.com

Angela M. Jesse, Paralegal
Direct: 678-336-7256
Email: ajesse@taylorenghish.com

April 28, 2016

VIA FEDERAL EXPRESS

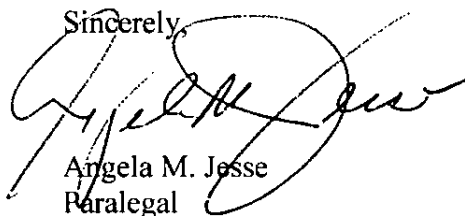
Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

Enclosed is an application for Articles of Amendment to Articles of Organization of LH3 Group, LLC. I have enclosed a check in the amount of \$30.00 for the filing fee and Certificate of Status. Also enclosed is a return Federal Express envelope for return of receipt and filing.

Should you need additional information, please don't hesitate to contact me at (678) 336-7254.

Sincerely,



Angela M. Jesse
Paralegal

/amj
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LH3 Group, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan B. Wilson
Name of Person
Taylor English Duma LLP
Firm/Company
1600 Parkwood Circle, Suite 400
Address
Atlanta, GA 30339
City/State and Zip Code
jwilson@taylorenghish.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan B. Wilson at 678 336-7185
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

LH3 Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/25/2010 and assigned
Florida document number L10000089399.

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 contain 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)

204 Northcliffe Drive

Gulf Breeze, FL 32561

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1381

Gulf Breeze, FL 32561

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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida 33324

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.

Nathan Giffin Nathan Giffin, Assistant Secretary
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	James B. Hobbs		<input type="checkbox"/> Add
		101 East Roberts Road	<input checked="" type="checkbox"/> Remove
		Pensacola, FL 32534	<input type="checkbox"/> Change
MGRM	Christy Harpole	PO Box 1381	<input checked="" type="checkbox"/> Add
		Gulf Breeze, FL 32561	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 28

2016

Signature of a member or authorized representative of a member

Jonathan B. Wilson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA