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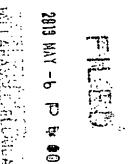
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PICK-UP] WAIT	MAIL
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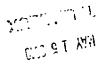
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COVER LETTER

	Registration Sec Division of Corp			
		PHREY GROUP LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		MICHAEL BRENT HUM	PHREY	
			Name of Person	
		THE HUMPHREY GROU	JP LLC	
			Firm/Company	
		3495 US HWY 441		
			Address	
		FRUITLAND PARK, FL	34731	
		DULD BUILDEN OD ALBIOC	City/State and Zip Code	
		BHUMPHREY@BAIRDC E-mail address: (to be used for future annual report notif	fication)
For furth	ner information co	oncerning this matter, please co		
місна	EL BRENT HUN	MPHREY	352 787-2500	
			: Telephone Number	
Enclosed	l 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 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

THE HUMPHREY GROUP LLC

(Name of the Limited Liability Company as it now appears of options (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	ompany were filed on 12/01/2010 and assigned
Florida document number L10000123483	_
This amendment is submitted to amend the following:	ı
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	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.

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>	Type of Action
MGR	MICHAEL BRENT HUMPHREY	4750 RICHARDSON ROAD	
		LADY LAKE, FL 32159	■ Add
			☐ Remove
			Change
AMBR	JONATHAN M. HUMPHREY	36509 SHADOWWOOD LANE	
		FRUITLAND PARK, FL 34731	■ Add
			☐ Remove
			Change
AMBR	LINDA HUMPHREY BRADLEY	5600 MARION COUNTY ROAD	=
		LADY LAKE, FL 32159	🖬 Add
			Remove
			Change
			□ Remove
			□ Change
	 		□ Add
			□ Remove
			Change
			Remove
			Change

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Note: If	the date inser	er than the dat I, the date must be ted in this block ate on the Depar	does not meet	t the applicable	ate of filing or more statutory filing t	(opties than 90 days after requirements, thi	onal) filing.) Pursuant to (s date will not be l	605.020 listed as
ne recor The 90	rd specifies Oth day aft	a delayed ef er the record	fective date is filed.	e, but not a	n effective tin	ne, at 12:01 a	a.m. on the ea	rlier c
Dated	April	30		(2019				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00