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SUBJECT: Harold E. Sergent, LLC Name of Limited Liability Company						
•				1		
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	•		
Please	return all corresp	ondence concerning this matter	to the following:			
		Audrey Blevins, Senior Paralegal				
	Name of Person					
	Frost Brown Todd LLC					
	Firm/Company					
		250 West Main Street, Suite 2800				
	Address					
		Lexington, Kentucky 40507				
		City/State and Zip Code hsergent@hotmail.com				
,		E-mail address: (to be used for future annual repo	rt notification)		
For fur	ther information of	concerning this matter, please of	call:			
Audrey Blevins, Senior Paralegal		at (859)	494-3376			
	Name o	of Person	Area Code &	Daytime Telephone Number		
Enclose	ed 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 en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Buil	Corporations ling ive Center Circle		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Harold E. Sergent, 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 _____ 9/23/2011 and assigned Florida document number _____L11000109240 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Harold Edwin Sergent, LLC 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.

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** ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 October 12 Dated ___ Signature of a member or authorized representative of a member Audrey Blevins, Authorized Representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00