L12000040014

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DEC 16 2016

DAVID R. PHILLIPS
ATTORNEY AT LAW

1314 S. Fort Harrison Avenue, Suite A
Clearwater, Florida 33756
Tel: 727.300.1399
Fax: 727.300.1389
david@dphillipslaw.com

December 13, 2016

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment to Articles of Organization
Company Name: Triad South, LLC
Document No.: L12000040014
Our File No.: 10051-0001

To Whom It May Concern:

Enclosed please find a Cover Letter and Articles of Amendment to Articles of Organization of Triad South, LLC. We also include this firm's check no. 1857 in the amount of $30.00 payable to the Florida Department of State, which represents payment of the related filing fees.

Following the filing of the above-referenced Articles of Amendment, please direct your letter acknowledging same to the attention of the undersigned. Thank you for your prompt attention to this matter.

Sincerely,

DAVID R. PHILLIPS, P.A.

David R. Phillips, Esq.

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triad South, 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:

David R. Phillips, Esq.
Name of Person

David R. Phillips, P.A.
Firm/Company

1314 S. Fort Harrison Avenue, Suite A
Address

Clearwater, FL 33756
City/State and Zip Code

david@dphillipslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David R. Phillips, Esq. at (727) 300-1399
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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

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TALLAHASSEE, FLORIDA

Triad South, 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 3/21/2012 and assigned Florida document number L12000040014.

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)

4592 Ulmerton Road, Suite 200
Clearwater, FL 33762

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4592 Ulmerton Road, Suite 200
Clearwater, FL 33762

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: Kevin Hawkins

New Registered Office Address: 4592 Ulmerton Road, Suite 200
Enter Florida street address

Clearwater, **Florida** 33762
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

Title	Name	Address	Type of Action
MGR	Leslie A. Rubin	5795 Ulmerton Road, Suite 100	☐ Add
		Clearwater, FL 33760	■ Remove
			☐ Change
MGR	Kevin Hawkins	4592 Ulmerton Road, Suite 200	■ Add
		Clearwater, FL 33762	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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TALLAHASSEE, FLORIDA

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 December 8, 2016.

Signature of a member or authorized representative of a member

Leslie A. Rubin, Trustee

Typed or printed name of signee

Filing Fee: $25.00