Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number: 075350000514 Phone : (727) 442-1200 Fax Number : (727)443-5829

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCHWARTZ HERITAGE, L.L.C.

Certificate of Status 0 0 Certified Copy 10 Page Count \$25.00 Estimated Charge

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHWARTZ HERITAGE, L.I.		
( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our rec orida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liab Florida document number <u>L12000148772</u>	,	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	TO BE T
The new name must be distinguishable and end with f "L.L.C."	he words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	70779 h
(Principal office address MUST BE A STREET.	ADDRESS)	
		And the state of t
		The Care
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		orida
	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 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

MGR = Manager

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:

MGRM = Managing Member Type of Action Title Address <u>Name</u> 500 Duvall Drive SHERI E. SCHWARTZ MGR Greenville, SC 29607 Removo Remove Remove Remove Remove

amending any other information	ion, enter change(s) here: (Attach additional sheets, if ne	cessary.)
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November 29	2012	
1/	701	
	ature of a member or authorized representative of a member	
<del>-</del>	MAN, Authorized Representative	
	Typed or printed name of signee	

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Filing Fee: \$25.00