L12000152161

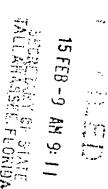
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COVER LETTER

	istration Sec ision of Corp			*
SUBJECT:	Australian	Holdings, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Roman V. Hammes		
			Name of Person	·
		Roman V. Hammes,	P.L.	
			Firm/Company	
		250 East Colonial Dr	ive, Suite 305	
			Address	
		Orlando, Florida 328	01	
			City/State and Zip Code	
		roman@romanvhamn		
			o be used for future annual report notific	ation)
For further in	nformation co	ncerning this matter, please ca	11:	
Roman V	. Hammes		407 650-0003	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25,00 F	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

Australian Holdings, LLC			
(Name of the Lim	ited Liability Company as it now appears on our records (A Florida Limited Liability Company)	Ð	
The Articles of Organization for this Limited I Florida document number <u>L12000152161</u>	iability Company were filed on December 3,	2012 and assign	≑d
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company here:		
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 appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	***************************************		
(Mailing address MAY BE A POST OFFICE	BOXI		
registered agent and/or the new registered o	Nor registered office address on our records office address here: Roman V. Hammes , E > 4	3 6.	ihe new
Name of New Registered Agent:			5
New Registered Office Address:	250 East Colonial Drive, Suite 305 Enter Florida street address		
	Orlando , Flo	rida 3280 <u>信息</u> <u>3</u>	
New Registered Agent's Signature, if changing	City.	Zip Code C	A Marie
provisions of all statutes relative to the proj	ed agent and agree to act in this capacity. I find per and complete performance of my duties, an istered agent as provided for in Chapter 605, I	d I am familiar with ai S. Or, if this docume	nd

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Timothy Majors	2106 N. Orange Ave., Suite 200	■ Add
		Orlando, FL 32804	Remove
MGR	Jeffrey Cannon	3013 Seigneury Drive	
		Windermere, FL 34786	Remove
	•		Add
			Remove
			Add
			Remoye 55
			6 WP 6-
			Remove ***
			Add
			□ Remove

f amending any other inf	formation, enter change(s) here: (Attach)	additional sheets, if necessary.)

<u> </u>		
Effective date, if other that The effective date must be specified the date this document is lited by	on the date of lying) ic. cannot be prior to date of receipt or filed date and of the Florida Department of State)	(optional) sannot be more than 90 days after
Dated February 5	/ / 2015	
	Signature of a member or authorized represe	ntative of a member

Page 3 of 3

Filing Fee: \$25.00

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