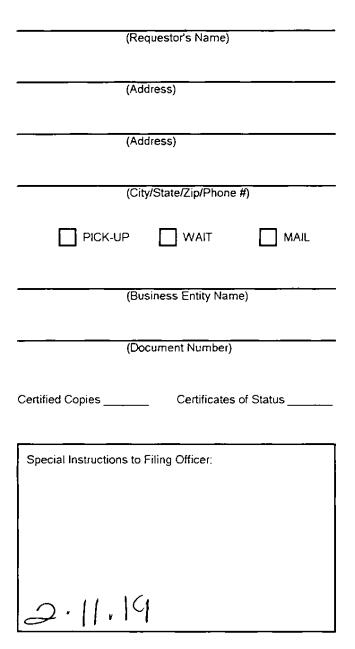
## L1300007/161

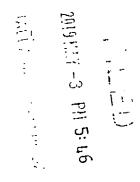


Office Use Only



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MATTION:

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ADH MANAGEMENT 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:		
JAMES COHAN		
Name of Person		
ADH MANAGEMENT ILC Firm/Company		
Firm/Company		
6034 Chester Ne Ste 1840		
City/State and Zip Code.  City/State and Zip Code.  Change of the Company Comments (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Alphonso Helmmeain at 314 609-2909 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 & Certificate of Status  □ \$60.00 Filing Fee & Certificate of Status & Certificate of S		

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**

ADH M	TANAGEMENT LLC
( <u>Name of the Limited Lial</u> (A Flor	ANAGEMENT LLC  bility Company as it now appears on our records.)  rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 113000071161	Company were filed on $04/25/2013$ and assigned
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the li	.//1
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	NIA
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	City Florida Zip Code
New Registered Agent's Signature, if changing Registe	ered 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 Type of Action Name Address MBR MARVA RODGERS Hilliard GOST Chester Ave Ste 1046 DAdd JACKSONVIlle, FL 32217 XRemove MEMBER Amos Boykin 6034 Chester Alle Ste 164C - Add JACKSONVILLE, FL 32217 Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove \_\_\_\_\_ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)
Mothing to low	
	<del>/</del>
<del></del>	<del></del>
<del></del>	
<del>-/</del>	
E. Effective date, if other than the date of filing:	ling.) Pursuant to 605.0207 (3)(b
If the record specifies a delayed effective date, but not an effective time, at 12:01 a. (b) The 90th day after the record is filed.	n. on the earlier of:
Dated Z. (a April 2019.  Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
JAMES COLAN	
Typed or printed name of signee	

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Filing Fee: \$25.00