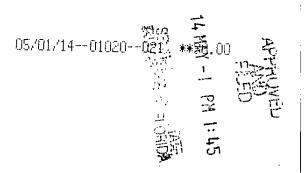
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L Burel 2014

COVER LETTER

TO: Registration Section
Division of Corporations

2001 Thomasville Road, 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:

Charles H. Musgrove, Jr.				
Name of Person				
Firm/Company				
2001 Thomasville Road				
Address				
Tallahassee, FL 32308				
City/State and Zip Code				
cmusgrove@beanteam.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Charlas	Ш	Mucarovo	l۳
Chanes	П.	Musgrove, C	И.

,,850<u>,</u>893-7710

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

2001 Thomasville Road, LL (<u>Name of the Limite</u>		ny as it now appears on our re Liability Company)	ecords.)	·		
The Articles of Organization for this Limited Lia	ibility Company	were filed on July 2, 20	113	_ and assi	gned	
This amendment is submitted to amend the follo A. If amending name, enter the new name of	the limited liab				14 MAY - I	~ []
The new name must be distinguishable and end with the w	ords "Limited Liah	oility Company," the designation	"LLC" or the abbr	eviation "L.	ľĠ.	Ö.
Enter new principal offices address, if applica	ble:	2001 Thomasville I	Road	$\vec{\mathbf{z}}_{z_1}$	·	
(Principal office address MUST BE A STREET		Tallahassee, FL 32	308	द्धारा	Üာ	_ _
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	2001 Thomasville I Tallahassee, FL 32				
B. If amending the registered agent and/or the new registered off	•		cords, <u>enter th</u>	e name o	of the	new
Name of New Registered Agent:	Charles H.	Musgrove, Jr.				_
New Registered Office Address:	2001 Thom	nasville Road	oddraev			
	Tallahaasa			00		
	Tallahasse	e City	_, Florida <u>323</u> 0	Zip Code		_
New Registered Agent's Signature, if changing R	egistered Agent:					
			I foutbox acres	- 10 40 1111	l iel	a tha

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

MGR = Manager AMBR = Authorized Member Type of Action Title Address **Name** 2001 Thomasville Road MGR Charles H. Musgrove, Jr. Tallahassee, FL 32308 ☐ Remove 311 E Jennings Street **MGR** Hunter & Harp Capital Partners, LLC □ Add Tallhassee, FL 32301 ■ Remove CAPSERV, Inc. 5350 Carisbrooke Lane **MGR** □ Add Tallahassee, FL 32309 Remove CAPSERV, Inc. 5350 Carisbrooke Lane ■ Add **MBR** Tallahassee, FL 32309 □ Add ☐ Remove

	nge(s) here: (Attach additional sheets, if necessar
	·
ective date must be specific, cannot be prior to date	of receipt or filed date and cannot be more than 90 days after
ective date must be specific, cannot be prior to date of this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after of State)
te this document is filed by the Florida Department of April 30	of receipt or filed date and cannot be more than 90 days after of State) 2014
ective date must be specific, cannot be prior to date to this document is filed by the Florida Department of April 30	of receipt or filed date and cannot be more than 90 days after of State) 2014 ember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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