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| (Requestor's Name) |
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| SUBJECT: | GH&G Blan | ding, LLC | | | |
| SOBJECT. | Name of Limited Liability Company | | | | |
| | | amendment and fee(s) are subsidence concerning this matter | <u>-</u> | | |
| | | Amanda J. Buckley | | | |
| | | | Name of Person | | |
| | | Hartman Simons & Wood | LLP | | |
| | | | Firm/Company | | |
| | | 6400 Powers Ferry Road N | IW, Suite 400 | | |
| | | <u> </u> | Address | | ~ r~a |
| | | Atlanta, GA 30339 | | | 2013 007 |
| | | | City/State and Zip Code | | |
| | | amanda.buckley@hartmans | | | 228 |
| Park along | | | o be used for future annual report notificati | 011) | W 8: 1 |
| For further in | normation co | ncerning this matter, please co | aii: | | Q2 |
| Amanda J. E | Buckley | | 770 951-6789 | | ्री च |
| | Name of | Person | Area Code & Daytime To | lephone Number | |
| Enclosed is a | check for the | e following amount: | | | |
| ⅓ \$25.00 Fi | ling Fee | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & |

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

| GH&G Blanding, LLC (Name of the Limite) | l Liability Compa A Florida Limited I | ny as it now appears on our recor liability Company) | <u>ds.</u>) | _ | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|----------------------|-----------------------------------------|-------------|
| The Articles of Organization for this Limited L Florida document number <u>L13000143401</u> | | | | d assign | ed |
| This amendment is submitted to amend the following | lowing: | | | | |
| A. If amending name, enter the new name of | of the limited liah | oility company here: | | | |
| The new name must be distinguishable and end win "L.L.C." | th the words "Lim | ited Liability Company," the design | ation "LLC" or | the abbr | eviation |
| Enter new principal offices address, if applie | rable | 101 South Bay Blvd. | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Suite B-3 | • ; | ======================================= | |
| The party of the same of the s | T. TID D. KLISS | Anna Maria, FL 34216-0732 | . 1 | 3 | |
| Enter new mailing address, if applicable: | | 101 South Bay Blvd., Suite B-3 | F | 28 A | |
| (Mailing address MAY BE A POST OFFICE | ROY) | P.O. Box 732 | , | - | |
| inding marcis mari bilar 1001 01 1101 | <u>BUM</u> | Anna Maria, FL 34216-0732 | 33 | <u></u> | |
| B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address: | ffice address her | e: Blvd., Suite B-3 | | ne of the | he new |
| | | Enter Florida str | eet address | 1. | |
| | Anna Maria | , Flor | ida <u>34216-073</u> | 2 | |
| | | 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

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:

| MGR = M MGRM = | Ianager ∙ Managing Member | | |
|-------------------|------------------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| , ii an | hending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|------------------------------------------------------------------------------------------------|
| | |
| | |
| ated | October 24 . 2013. |
| | Amanda J. Buckley, Esq. Amanda J. Buckley, Esq. Typed or printed name of signee |
| | Amanda J. Buckley, Esq. Authorized Representative Typed or printed hame of signee |

Filing Fee: \$25.00