L14000003495

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COVER LETTER

TO: Registration Se Division of Cor		a .	* * *	
SUBJECT: Park	Hamilton Grou	up, LLC	4.	هيد وريس
Sobolett,	Name of Lim	ited Liability Company		
				55
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		in the
Please return all correspo	ndence concerning this matter	to the following:		
	Brian Fettig			52년 2월 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888
		Name of Person		,
		Firm/Company		•
	1531 Elf Sto	ne Drive		
		Address		,
	Casselberry	FL 32707		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please c	all:		
Brian Fettig	1	727,420 86	015	
Name o		at \	Telephone Number	<u></u>
Enclosed is a check for th	ne following amount:			ı
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te 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

Park Hamilton Group, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000002495</u>	were filed on January 6, 2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	pility Company." the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	300 4th Ave South, Suite 200		
Principal office address MUST BE A STREET ADDRESS)	St Petersburg, FL 33701		
		F8 *	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the n	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	ı	
	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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager ·

AMBR = Authorized Member **Title Name** Address Type of Action 300 4th Ave South, Suite 200 ■ Add Jennifer Addabbo **AMBR** St Petersburg, FL 33701 Remove _____ □ Remove ☐ Remove Remove -□ Add ____ Remove ☐ Add ☐ Remove

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ne errecuve	date, if other than the date of filing: Date of Filing (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated	August 11, 2014.
	B- Fether, Agent
•	Signature of a member or authorized representative of a member
	\sim \sim

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Filing Fee: \$25.00