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COVER LETTER

Division of Co			
SEMINO SUBJECT:	LE MASONRY, LLC		
SCBJEC 1:	Name of Limi	ned Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	S. ANN WILSON, ESQ.		
		Name of Person	
	WHARTON LAW GROU	P, P.A.	
		Firm/Company	
	456 S. CENTRAL AVE.		
		Addiess	
	OVIEDO, FL 32765		
		City/State and Zip Code	
•	ANN(a WHARTONLAWG E-mail address: (t	ROUP.COM to be used for future annual report notif	ication)
For further information	concerning this matter, please ea	all:	
S. ANN WILSON		407 365-7193	
Name	of Person	at () Area Code ——Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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

SEMINOLE MASONRY, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \(^{04/17/2014}\) and assigned Florida document number $\underline{L1}4000063842$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HAVEN HOLDINGS OF CENTRAL FLORIDA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 850 Seminole Woods Blvd. Enter new principal offices address, if applicable: Geneva, FL 32732 (Prin<u>cip</u>al offic<u>e address MUST BE A STREET ADDRESS)</u> 850 Seminole Woods Blvd. Enter new mailing address, if applicable: Geneva, FL 32732 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 850 Seminole Woods Blvd New Registered Office Address:

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 somply 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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

Geneva

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00