Division of Corporations Electronic Filing Cover Sheet

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(((H14000109604 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255

Fax Number

: (561)844-3700 : (561)844~2388

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TH GARDENIA LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

T. HAMPTON

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

TH GARDENIA 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:

LAWRENCE W. SMITH

Name of Person

GARY, DYTRYCH & RYAN, P.A.

Firm/Company

701 U.S. HIGHWAY ONE, SUITE 402

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

MD@GDR-LAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWRENCE W. SMITH

...**561**、844**-**3700

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 capy 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

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IH GARDENIA LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L14000069317</u>	were filed on <u>04/29/2014</u>	20 assisted TALAHAY
This amendment is submitted to amend the following:		SSEE VARY OF THE PROPERTY OF T
A. If amending name, enter the new name of the limited liabil	lity company here:	
T & H REAL ESTATE ENTERPRISES LLC		L OFF
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LLt	C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	Enter Florida street addres	s
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I have by account the annelword on projectored agent and agree	a to get in this sangeity. I for	ether cores to comply with the

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

Page 1 of 3

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:

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MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
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D.	If amounding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
г.	TARE ALL AREA OF A
E.,	Effective date, if other than the date of filing: ((nptional)) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Plorida Department of State)
	Dated May 12, 20,14
	MANAGER MANAGER
	Signature of a member or authorized representative of a member
	Signature of a member or suthorized representative of a member
	Typed or publied time of stance

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Filing Fee: \$25.00

SECRETARY OF STATE AND AHASSEE, FLORIDA