

10/08/2014 14:11

#525208834

GILLIGAN KING GOLDIN

Page 01

Division of Corporations

Page 1 of 2

L14000103648

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000236091 3)))



H140002360913ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GILLIGAN, GOODING & FRANJOLA, P.A.
Account Number : I20010000016
Phone : (352) 867-7707
Fax Number : (352) 867-0237

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

Email Address: brycepeeke@gmail.com

RECEIVED
14 OCT -8 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ABH MARION HOLDINGS, LCC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT -9 2014

A. L. L. L. L.

Electronic Filing Menu

Corporate Filing Menu

Help

10/08/2014 14:11

3526208884

GILLIGAN KING GOODIN

PAGE 02

140002360913

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ABH MARION HOLDINGS, LCC**
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:

ALBERT BRYCE PEEK, JR.

Name of Person

ABH MARION HOLDINGS, LLC

Firm/Company

16 SE BROADWAY STREET

Address

OCALA FL 34471

City/State and Zip Code

brycepeek@gmail.com

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

For further information concerning this matter, please call:

W. James Gooding III

Name of Person

at **(352) 867-7707**

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

140002360913

2014 OCT -8 AM 8:07
FILED

H140002360913

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ABH MARION HOLDINGS, LCC

(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 JUNE 30, 2014 and assigned
Florida document number L14000103648.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ABH MARION HOLDINGS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" 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 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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

Page 1 of 3

H140002360913

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

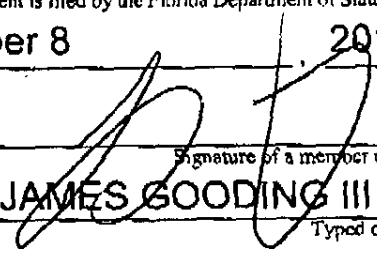
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This Amendment corrects a scrivener's error in the original Articles.

E. Effective date, if other than the date of filing: _____ (optional)

(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 Florida Department of State)

Dated October 8, 2014



Signature of a member or authorized representative of a member

W. JAMES GOODING III

Typed or printed name of signee

FILED
2014 OCT -8 AM 8:07
TALLAHASSEE, FLORIDA