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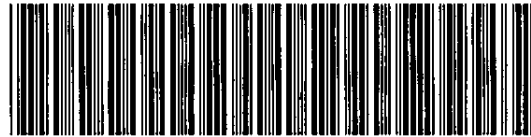
(Business Entity Name)

(Document Number)

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JALISSA S. JONES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G & H Anna Maria, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda J. Williams

Name of Person

Hartman Simons & Wood LLP

Firm/Company

6400 Powers Ferry Road NW, Suite 400

Address

Atlanta, GA 30339

City/State and Zip Code

amanda.williams@hartmansimons.com

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

For further information concerning this matter, please call:

Amanda J. Williams

770

951-6789

Name of Person

at ()

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: G & H Anna Maria, LLC

SECOND: The Florida Document number of the limited liability company is: L14000114528

THIRD: Document to be corrected is:
Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article II of the Articles of Organization is incorrect. The correct street address

of the principal office and the correct mailing address of the Company is:

1399 Church Street

Decatur, GA 30030

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Amanda J. Williams
Signature of Authorized Representative

7/28/14
Date

FILED
14 AUG - 4 PM 6:01
JALM
STATE OF FLORIDA
TALLAHASSEE

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**