114000145792

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bbA)	ress)	
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S. WARREN AUG 0 3 2017

COVER LETTER

TO:

cun ir c		nville LLC		
SUBJEC	.1:	Name of Limi	ited Liability Company	
The enclo	osed Articles of.	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Nina Osbahr		
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Nina Osbahr			
		Liberty Group		□ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) RIER ADDRESS: ion orations
		<u> </u>	Firm/Company	
		800 S Harbour Island Blvd		
			Address	
		Tampa, FL 33602		
			City/State and Zip Code	
			1	
For furth	er information c			ufication)
Nina Os	bahr 		at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ļ	
	Registr Divisio P.O. Bo	Name of Limited Liability Company , rticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Nina Osbahr		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LHF1 Greenville LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number L14000145792	iability Company	were filed on Septen	nber 17, 2014 and assigned
This amendment is submitted to amend the foll	owing:	·	
A. If amending name, enter the new name o	f the limited liah	oility company here:	
The new name must be distinguishable and contain the	vords "Limited Liabi	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		•	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		800 S Harbour Islan	nd Blvd, Tampa, FL 33602
(Mailing address MAY BE A POST OFFICE	following: the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." splicable: 800 S Harbour Island Blvd. Tampa, FL 33602 REET ADDRESS) 800 S Harbour Island Blvd. Tampa, FL 33602 CEBOX) and/or registered office address on our records, enter the name of the new ed office address here: 800 S Harbour Island Blvd Enter Florida street address Tampa Selected Agent: Stered agent and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S. Or, if this document is the registered office address. I hereby confirm that the limited liability		
Ç Ç	**		ir records, enter the name of the new
registered agent and/or the new registered o	ffice address her	<u>re</u> : ,	
Name of New Registered Agent:			
New Registered Office Address:	800 S Harbour Island Blvd		
		Enter Florida street address	
	Tampa	Cin	, Florida 33602
New Registered Agent's Signature, if changing	Registered Agent	City	гір Соле
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg	ed agent and agr per and complete istered agent as registered office	ree to act in this cap performance of my provided for in Chap	duties, and I am familiar with and pter 605, F.S. Or, if this document is

Page 1 of 3

IGR = N MBR = A	lanager authorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
1GR	LHF1 Manager LLC	One Tampa City Center 2570	
		Tampa, FL 33602	Remove
		<u> </u>	Change
MGR LHF1 Manager I	LHF1 Manager LLC	800 South Harbour Island Blvd	Add
		Tampa, FL 33602	Remove
			Change
_ 			
			□ Remove
		<u> </u>	Change
	-		Add
			☐ Remove
			Change
			Add
			Remove
			D Change
			Add M

amending any other	information, enter	change(s) here: (Atta	ich additional sheets,	if necessary.)	
			 		
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n effective date is listed, te: If the date inserted tument's effective date record specifies a	d in this block does no e on the Department o	and cannot be prior to date of t meet the applicable sta f State's records. e date, but not an e	of filing or more than 90 de tutory filing requireme	nts, this date will not be	listed
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Punit Shah	Signature of	a member or authorized re Typed or printed name		6 - 1	
		Page 3 of .		PM 3: 00	

Filing Fee: \$25.00