

214 000196650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

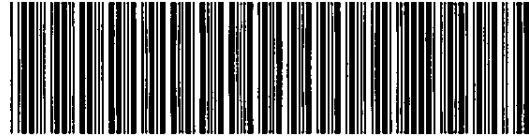
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700265699997

10/27/14--01048--001 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 27 AM 9:24

FILED

J. Shivers OCT 28 2014

BRYAN J. STANLEY, P.A.

ATTORNEY AT LAW

209 TURNER STREET  
CLEARWATER, FLORIDA 33756

TELEPHONE (727) 461-1702  
FACSIMILE (727) 461-1764  
E-MAIL: david@bryanjstanley.com

October 24, 2014

VIA FEDERAL EXPRESS

Florida Department of State  
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization of HOLFFI LLC  
Document No.: L14000156650  
Our File No.: 50026-0005

Ladies and Gentlemen:

Enclosed herewith please find the following items related to the above-referenced matter:

- Cover letter to Registration Section, Division of Corporations;
- Articles of Amendment to Articles of Organization of HOLFFI LLC; and
- This firm's check in the amount of \$30.00 payable to the Florida Department of State.

Following the filing of the subject Articles of Amendment, please direct your letter acknowledging the filing of same to the undersigned. Thank you for your prompt attention to this matter.

Sincerely,

BRYAN J. STANLEY, P.A.



David R. Phillips, Esq.

DRP/kg  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HOLFFI 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:

David R. Phillips, Esq.

\_\_\_\_\_  
Name of Person

Bryan J. Stanley, P.A.

\_\_\_\_\_  
Firm/Company

209 Turner Street

\_\_\_\_\_  
Address

Clearwater, FL 33756

\_\_\_\_\_  
City/State and Zip Code

david@bryanjstanley.com

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

For further information concerning this matter, please call:

David R. Phillips

at ( 727 ) 461-1702

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

HOLFFI 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 October 7, 2014 and assigned Florida document number L14000156650.

This amendment is submitted to amend the following:

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

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:

4 E. Lancaster Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Paoli, PA US 19301

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*

Florida

*City*

**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**

FILED  
14 OCT 27 AM 8 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILED  
14 OCT 27 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

---

---

---

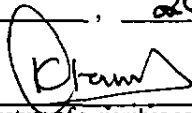
---

---

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 23, 2014



Signature of a member or authorized representative of a member

KETAN VORA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 27 AM 9:24

FILED