115000021283

(Re	equestor's Name)	
(Ac	ddress)	·
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
. (De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		•

Office Use Only



600298801886

05/10/17--01019--006 **25.00

17 MAY 10 AH 11: 07

O SIMMONS

COVER LETTER

TO: Registration Se Division of Co	ection Porations
H3 Equity	
SÜBJECT:	Name of Limited Liability Company
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:
* *************************************	Chad A. Justice
	Name of Person
	H3 Equity LLC
	Firm/Company
	201 S Westland Avenue .
	Address
	Tampa, FL 33606
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For Southern in Connection of	
	oncerning this matter, please call:
Chad A. Justice	813
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

H3 Equity LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on February 4, 2015	and assigned
Florida document number L15000021283		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I.	Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)	
		\
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Ent. Elmil.	
	Enter Florida street address	
	, Florida	Zin Code
	City	1.10 C.Oae

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	Brandon Larkin	201 S Westland Avenue	
		Tampa, FL 33606	_ ☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
		 	
			Remoye
			Change
			Add
			☐ Remove
			☐ Change
			Add
		,	Remove
			☐ Change
			□ Remove
			☐ Change

•	1				
			 .		
	<u></u>				
					
					
 					<u> </u>
					٠.
				<u> </u>	الديد

	<u> </u>	 		<u> </u>	
					
					
ective date, if other tha	n the date of filing:			(option	al)
n effective date is listed, the date: If the date inserted in t					
cument's effective date on					
record specifies a de The 90th day after the		te, but not a	n effective tin	ne, at 12:01 a.r	n. on the earlier o
ted May, 8		2017			
	· · · · · · · · · · · · · · · · · · ·				
/ 1 1 /					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00