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(Re	equestor's Name)	
(Ad	dress)	-
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(Cir	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co		
	ion Group LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	of Amendment and fee(s) are sub	unitted for filing
	ondence concerning this matter	
	Jerry L Lawhon	
		Name of Person
	The Lawhon Group LLC	
		Firm/Company
	4731 Monterey Drive	
		Address
	Winter Haven, Florida 338	
	onesmartteam@yahoo.com	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please c	all:
Jerry Lawhon		863 289-0421 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy Certificate of Status;
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, 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

The Lawhon Group LLC		
(Name of the Limited Lial (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 4/08/2015	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
The new name must be distinguishable and contain the words "1	imited 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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re	gistered office address on our records, ent	er the name-of the ne
registered agent and/or the new registered office a		皇 之
		- 第5 = Fi
Name of New Registered Agent:		TOS TO
New Registered Office Address:		<u> </u>
	Enter Florida street address	· 5.m =
	, Florida	-
	City	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of Action
AMBR	Rebecca M Lawhon	723 Heritage Drive, Winter Haven, FL 3388
		Remove
		Change
AMBR	Jeremy M Lawhon	723 Heritage Drive, Winter Haven , F∠3388/ □ Add
		■ Remove
		Change
		Add
		Remove
		Change
		Add
		Remove Change
	 .	Add C Remove
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		Add
		☐ Change

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ffective date, if other than	the data of filin			(optio	mal)	
Fan effective date is listed, the date Note: If the date inserted in this locument's effective date on the	must be specific and is block does not r	d cannot be prior to meet the applical	o date of filing or m	ore than 90 days after	filing.) Pursuant to 69	05.0207 sted as
e record specifies a dela The 90th day after the			an effective t	ime, at 12:01 a	.m. on the ear	lier o
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Dated Thay	<u> </u>	,201	7.			- F
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() men	n K Cam	بر بدا.				<u> </u>
	Signature of a	member or author	ized representative	of a member		ب

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00