Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRENNAN, MANNA & DIAMOND, P.L.

Account Number : I20040000104

Phone : (904)366-1500 Fax Number : (904)366-1501

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please 3

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IHT REALTY GROUP LLC

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COVER LETTER

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•	TY GROUP LLC				
BJECT:					
	Name of Lin	ited Liability Company		,	
				•	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		v	
sase return all correspo	ndence concerning this matter	to the following:			
	Christopher A. Walker				
		Name of Person			
	Brennan, Manna & Diamo	ind, P.L.			
		Firm/Company			
	800 West Monroe Street				
		Address		<u>}</u>	
	Jacksonville, FL 32202		. •		
•		City/State and Zip Code			
	cawalker@bmdpl.com				
	E-mail address: (to be used for future annual report notifi	ication)		
r further information o	onceming this matter, please c	alt:			
aristopher A. Walker	• •	904 366-1500 at ()			
Name of	f Person	Area Code Daytime	Telephone Number		
closed is a check for th	se following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing	Fee,	
	Certificate of Status	tus Certified Copy Certifica (additional copy is enclosed) Certified		te of Status &	
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MAILI	ING ADDRESS;	STREET/COURD	TV YDDKR99:		

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

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

9043661501

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H150002587753

IHT REALTY GROUP, LLC		
(Name of the Limited Liability (A Florida Lu	Company as it now appears on mited Liability Company)	our records.)
: The Articles of Organization for this Limited Liability Con	npany were filed on 04/22/	2015 and assigned
Florida document number L15000070635	,	
Torida document municer	•	
This amendment is submitted to amend the following:		
4. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
· !	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
ANAMANIE CHAMBOO PERIL DESTINATION OF A PARTY		
B. If amending the registered agent and/or register	red office address on ou	er records, enter the name of the no
		ir records, <u>enter the name of the n</u>
registered agent and/or the new registered office address Name of New Registered Agent:		er records, enter the name of the no
registered agent and/or the new registered office addres	ss here:	
registered agent and/or the new registered office address Name of New Registered Agent:		street address
registered agent and/or the new registered office address Name of New Registered Agent:	ss here: Enter Florida	street address
registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	Enser Florida .	street address
registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent	Enter Florida City Agent:	street address, Florida Zip Code
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and provisions of all statutes relative to the proper and confocept the applications of my position as registered agent agent and accept the abligations of my position as registered agent.	Enter Florida City Agent: Id agree to act in this cap inplete performance of my int as provided for in Cha	street address, Florida Zip Code acity. I further agree to comply with the duties, and I am familiar with and pter 605, F.S. Or, if this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent agent the obligations of my position as registered agent being filed to merely reflect a change in the registered	Enter Florida City Agent: Id agree to act in this cap inplete performance of my int as provided for in Cha	street address, Floridu Zip Code acity. I further agree to comply with the duties, and I am familiar with and pter 605, F.S. Or, if this document is confirm that the limited liability,
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent agent filed to merely reflect a change in the registered being filed to merely reflect a change in the registered	Enter Florida City Agent: Id agree to act in this cap inplete performance of my int as provided for in Cha	acity. I further agree to comply with the duties, and I am familiar with and pter 605, F.S. Or, if this document is confirm that the limited liability
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Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent agent filed to merely reflect a change in the registered company has been notified in writing of this change.	Enter Florida City Agent: Ind agree to act in this cap inplete performance of my int as provided for in Cha office address, I hereby c	acity. I further agree to comply with the duties, and I am familiar with and pter 605, F.S. Or, if this document is confirm that the limited liability.

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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
MGR	JAMES D. SHEARER	8130 Baymeadows Way West	
		Suite 306	■ Remove
<u>:</u>		Jacksonville, FL 32256	Change
			Add
		<u> </u>	□ Remove
	•	<u> </u>	Change
· ·			□ Remove
			☐ Change
: : ·			
			☐ Remove
			☐ Change
:			D Add
			□ Remove
	· ·		27 Change
,			OCT 29 Add Remove
;			ORDER Change

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b. If amend	ling any oth	er information, ent	er change(s) bere:	(Attach additional s	heets, if necessary.)	H1500025	8775
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Note: If	the date insert	er than the date of f , the date must be specifi ed in this block does a ate on the Department	not meet the applicat	date of filing or more the old statutory filing requ	(optional) o 90 days after filing.) P irements, this date wi	ursuant to 605.0207 Il not be listed as	(3)(b) the
		a delayed effectiver the record is file		an effective time,	at 12:01 a.m. or	the earlier of	:
Dated	ctober 29		2015	_•			
		John la	falle	and respectation of a	ember) = 0		
:	Christopher	_	or a member op authori	zed representative of a m		- I FEMALES	
	Cintatopata	ZI. IT BIRGI	Typed or printed	name of signee	SS.		

Page 3 of 3 Filing Fee: \$25.00