

Jun. 16, 2015 11:04AM

C150000 82435

No. 1820 P. 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000147230 3)))



H150001472303ABOX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : 1200100000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
Address: jfrank,terzo@gray-robinson.com

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN 16 11:04 AM  
C1500001472303ABOX

Certificate of Status  
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LHP MAINTENANCE SERVICES, LLC

RECEIVED  
15 JUN 16 PM 12:25  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
1502 71 N MALLAMASSE, FLORIDA

|                  |         |
|------------------|---------|
| Certified Copy   | 0       |
| Page Count       | 04      |
| Estimated Charge | \$30.00 |

Help

Corporate Filing Menu

Electronic Filing Menu

RECEIVED  
15 JUN 16 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Jun. 16. 2015 11:04AM

No. 1820 P. 3

**COVER LETTER**

H150001472303

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LHP Maintenance Services, 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:

Frank Terzo, Esq.

Name of Person

Gray Robinson, P.A.

Firm/Company

401 E. Las Olas Blvd., Suite 1000

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

frank.terzo@gray-robinson.com

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

For further information concerning this matter, please call:

Jacqueline Sahoy

Name of Person

at (561)

Area Code

886 4115

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

H150001472303

Jun. 16. 2015 11:04AM

No. 1820 P. 4

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H150001472303

LHP Maintenance Services, 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 May 11, 2015 and assigned  
Florida document number L15000082435

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 contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

RECEIVED  
JUN 16 AM 7:59  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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

City, Florida 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

H150001472303

Jun. 16. 2015 11:04AM

No. 1820 P. 5

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

H150001472303

| <u>Title</u> | <u>Name</u>       | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|-------------------|----------------------|--|
| MGR          | Jhonny A. Mercado | 6401 Congress Avenue | <input type="checkbox"/> Add               |
|              |                   | Suite 230            | <input checked="" type="checkbox"/> Remove |
|              |                   | Boca Raton, FL 33487 | <input type="checkbox"/> Change            |
| MGR          | Andres E. Garcia  | 6401 Congress Avenue | <input type="checkbox"/> Add               |
|              |                   | Suite 230            | <input checked="" type="checkbox"/> Remove |
|              |                   | Boca Raton, FL 33487 | <input type="checkbox"/> Change            |
|              |                   |                      | <input type="checkbox"/> Add               |
|              |                   |                      | <input type="checkbox"/> Remove            |
|              |                   |                      | <input type="checkbox"/> Change            |
|              |                   |                      | <input type="checkbox"/> Add               |
|              |                   |                      | <input type="checkbox"/> Remove            |
|              |                   |                      | <input type="checkbox"/> Change            |
|              |                   |                      | <input type="checkbox"/> Add               |
|              |                   |                      | <input type="checkbox"/> Remove            |
|              |                   |                      | <input type="checkbox"/> Change            |
|              |                   |                      | <input type="checkbox"/> Add               |
|              |                   |                      | <input type="checkbox"/> Remove            |
|              |                   |                      | <input type="checkbox"/> Change            |

H150001472303

#150001472303 No. 1820 P. 6

15 JUN 16  
SECRETARY  
ALI AHASSI

15 JUN 16 AM 7:40  
SECRETARY OF STATE  
ALLIANCE  
PERSONNEL 605.0207  
will not be listed as a

Dated June 16, 2015

Rodriguez

Typed or printed name of signee