## L15000139415

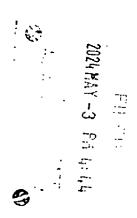
(Requestor's Name)
(Address)
:
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Registration of Division of	on Section f Corporations		
AGBIECT:		ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Steven DeLuca		
		Name of Person	<del></del>
	Name of Person		
		Firm/Company	
	One Turks Head Place, Su	ite 1300	
	***************************************	Address	
	Providence03		
		City/State and Zip Code	
		hand for firms annual annual motific	Carlon V
			Canoni
For further informat	non concerning this matter, please co	att:	
Steven DeLuca		at ()	
N	ame of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F		Certified Copy	Certificate of Status & Certified Copy
Mailing A	ddress:	Street Address:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LHD Partners, LLC				
(Name of the Limited Liz (A Flo	ability Compa orida Limited I	i <mark>ny as it now appears on our</mark> Liability Company)	records.)	
The Articles of Organization for this Limited Liabilit	ty Company	were filed on August 14.	2015	and assigned
Torida document number L15000139473	·			
his amendment is submitted to amend the following	<b>z</b> :			
. If amending name, enter the new name of the	limited liab	ility company here:		
he new name must be distinguishable and contain the words."	'Limited Liabi	lity Company," the designation		
inter new principal offices address, if applicable:	:	One Turks Head Place.	Suite 1300 2	2024 KA
ew name must be distinguishable and contain the words " er new principal offices address, if applicable: acipal office address MUST BE A STREET AD er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX	DDRESS)	Providence, RI 02903		
				<u> </u>
inter new mailing address, if applicable:		One Turks Head Place,	Suite 1300	
		Providence, RI 02903	A	4 ==
<ol> <li>If amending the registered agent and/or regist gent and/or the new registered office address her</li> </ol>		address on our records.	enter the nam	e of the new regist
Name of New Registered Agent: Re	egistered Age	ent Solutions, Inc. (NOT N	EW, corrective a	s my name was enter
New Registered Office Address: 15	5 Office Plaz	ra Drive, Suite A		
		Enter Florida stree	t address	
<u></u>	ıllahassee		, Florida <u><sup>32.</sup></u>	301
		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 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
			□Remove
			TChange
			□Remove
			□Add
			□Remove
			□Remove
			□Change
			□Remove
			Change
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				<del></del>		
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f an effective date i <b>Note:</b> If the date		specific and cannot be does not meet the a	applicable statutory	or more than 90 days aft	t <b>ional)</b> er filing.) Pursuant to 605.0 nis date will not be listed	
e record specifies rd is filed.	a delayed effective da	te, but not an effect	tive time, at 12:01 a	in, on the earlier of:	(b) The 90th day after	the
Dated April 30		1 2624	· · · · · · · · · · · · · · · · · · ·			
	Sig	vature of a member v	r authorized represent	ative of a member	-	