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.

(((H18000291820 3)))



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

T¢:

Division of Corporations

Fax Number : (850)617-6383

Account Name : QUARLES & BRADY OF TAMPA LLP

Account Number : 120100000038 Phone : (813)387-0285 Fax Number : (813)387-1800

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

Email Address: scherme1@verizon.net

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 309-311 SOUTH WILLOW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. CLINE OCT 15 20 18

**EXAMINER** 

Electronic Filing Menu Corporate Filing Menu

Help

10/8/2018 10:50:35 AM CST Diller, Becky A. (TPA x5279) Quarles & Brady-1 Page 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HWILLOW,LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .ability Company)	
The Articles of Organization for this Limited Liability Company	were filed onAPRIL 8, 2016	and assigned
lorida document number L16000069352		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
SCHER INVESTI		얼
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation®L.L.C."
Enter new principal offices address, if applicable:	2111 W. SWANN AVENUE	. 9
Principal office address MUST BE A STREET ADDRESS)	SUITE 203	· 🕉
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33606	4.
		<u></u> 6
	2111 W. SWANN AVENUE	
	SUITE 203	
mading dudiess may in, an east of the agents of	TAMPA, FL 33606	
New Registered Office Address:	<u>e</u> :	ter the name of the
	Enter Florida street address	
	, Florida , 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

10/8/2018 10:50:37 AM CST Diller, Becky A. (TPA x5279) Quarles & Brady-1 Page 4 (((H180002918203)))

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>	<u>Address</u>	Type of Action	
			□ Add	
			□ Remove	
			Change	
<del></del>				
			☐ Remove	
			☐ Change :	
			☐ Remove	
			☐ Change	
			Remove	
			☐ Change	
			□ ∧dd	
			□ Remove	
			□ Remove	
			[] Change	

10/8/2018 10:50:39 AM CST Diller, Becky A. (TPA x5279) Quarles & Brady-1 Page 5 (((H18000291820 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \_ (optional) E. Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. OCTOBER 5 2018 Dated

Page 3 of 3

DAVID J. SCHER

Typed or printed name of signee

s member or authorized tepresentative of a member

Filing Fee: \$25.00