Division of Corporations Electronic Filing Cover Sheet

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(((H16000235096 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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: (323)962-8600

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

Email	Address	:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

H+S LANDSCAPE ARCHITECTURE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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COVER LETTER

	Registration Sci Division of Corp					
SUBJECT	r. H+S LAN	H+S LANDSCAPE ARCHITECTURE, LLC				
SUBJEC.		Name of Lin	nited Liability Company			
The enclo	sed Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please reti	um all correspoi	ndence concerning this matter	to the following:			
		Cheyenne Moseley				
Name of Person						
Legalzoom.com, Inc.						
Firm/Company						
101 N. Brand Blvd., 11th Floor						
Address Glendale, CA 91203 City/State and Zip Code						
	marymargaret@phiandstudio.com					
		E-mail address: (to be used for future annual report noti	fication)		
For further	r information ec	ncerning this matter, please co	all:			
Cheyenn	e Moseley		800 773-0888 e			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed i	s a check for the	e 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
Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H+S LANDSCAPE ARCHITECT		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 04/25/2016	and assigned
Florida document number 1.16000080576	 ,	
his amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
he new name must be distinguishable and end with the we	ords "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	OX)	
		5
3. If amending the registered agent and/or	registered office address on our records, ent	** , •
egistered agent and/or the new registered office	ce address here:	
		설. 다
Name of New Registered Agent:		
New Registered Office Address:		The second secon
THE PROGRAMMENT OF THE PROGRAMMENT.	Enter Florida street address	<u>e</u>
	, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			Add
			П Remove
			Remove
	·		□ Add
			☐ Remove
			<u> </u>
	***************************************		SEP Add SS
			□ Remove
			4
			□ Add
			□ Remove
			Add
			☐ Remove

Page 6 of 6		2016-09-23 20:29:47 GMT+1	13234467067	From: Imelda Vasquez
D. If an		nation, enter change(s) here: (Attach addition rick K. Hodge's name should be updated to		
	Article IV. AMBR Mic	chael P. Hodge's name should be updated to	Michael P. Hodges.	
(The et	ctive date, if other than the fective date must be specific, as ate this document is filed by the	the date of filling: mnot be prior to date of receipt or filed date and cannot be Florida Department of State)	(optional) more than 90 days after	
Date	July 29	, 2016		
		Signature of a member of a mior zed representative of	a member	
		Corey R. Seltenright		
		Typed or printed name of signee		

To:

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Filing Fee: \$25.00

