https://efiletsunbiz.org/scripts/efilcovr.exe



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.

(((H16000235946 3)))



H160002359463ABC3

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

Prom:

Addount Name : BAND LAW GROUP, PL.

Account Number : I20090000020

Phone Fax Number : (941)917-0505 : (941)917-0506

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOLLESON INTERIORS, LLC

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

SEP 2 3 2016

S. YOUNG

(FAX)941 917 0506

P.002/005

(((H16000235946 3)))

COVER LETTER

| | gistration Si vision of Co | | | |
|-----------------------|-------------------------------|---|---|--|
| CHIM ID ON. | | CHT ENTERPRISES, LLC | | |
| SUBJECT: | - | Name of Lin | nited Liability Company | · · · · · · · · · · · · · · · · · · · |
| The encloses | d Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| | | ondence concerning this matter | _ | |
| | | 9 | | |
| | | GARY KAUFFMAN, ES | Q. | |
| | | | Name of Person | *************************************** |
| | | Band Law Group, P.L. | | |
| | | | Firm/Company | |
| 1 South School Avenue | | I South School Avenue | | N (A) |
| | | | Address | |
| | | Suite 500 | | 2 AM 10: 01 |
| | | | City/State and Zip Code | |
| | | Sarasota, FL 34237 | to be used for future annual report noti | (colion) |
| For further it | nformation c | oncerning this matter, please c | • | (India) (II) |
| Kim F. Bont | | , , , , , , , , , , , , , , , , , , , | 941 917-0141 | |
| 151111 1 . 150111 | | f Person | at () | Telephone Number |
| | Mameo | i Feison | Area Code Dayume | 5 Telephone (4th/loc) |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$25.00 F | iling 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) |
| | Registr Divisio P.O. Bo | ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314 | STREET/COURIJ Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323 | n ations nter Circle |

(((H16000235946 3)))

12:45 BAND LAW GROUP 09/22/2016

(((H16000235946 3)))

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

| LAMPRECHT ENTERPRISES, LLC (Name of the Limited Liability Comp.) | any as it now appears on our records.) | We state to the state of the st |
|---|--|--|
| (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | y were filed on 09/12/2016 | and assigned |
| Florida document number L16000170907 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 5343 GULF DRIVE | 3 PS |
| (Principal office address MUST BE A STREET ADDRESS) | HOLMES BEACH, FL 34217 | 38 |
| | | 2 55 |
| | | SHOT WAS TO |
| Enter new mailing address, if applicable: | 5343 GULF DRIVE | |
| (Mailing address MAY BE A POST OFFICE BOX) | HOLMES BEACH, FL 34217 | 97 |
| | | - (Ta) (Ta) |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | - • | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| S-2011-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | , Florida | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent; | | • |
| I hereby accept the appointment as registered agent and agr | | |

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

09/22/2016 12:45 BAND LAW GROUP

MGR = Manager

(FAX)941 917 0506

P.004/005

(anicoding subarized) Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = . | AMBR = Authorized Member | | | |
|--------------|--------------------------|--------------|----------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | |
| | | | DbA C | |
| | | | ☐ Remove | |
| | | | □ Change | |
| | | | □ Add | |
| | | | Remove | |
| | | | Change | |
| | | | ASSET | |
| | | | ASSEE I DRID A | |
| | • | | ☐ Change | |
| | | | □ Add | |
| | | | □ Remove | |
| | | | ☐ Change | |
| | | | □ Add | |
| | | | □ Remove | |
| | | | Change | |
| | | | D Add | |
| | | - the second | □ Remove | |
| | | | Change | |

| 09/22/2016 | 12:45 BAND LAW GROUP | | | FAX)941 917 0506 | P.005/00 |
|---|---|------------------------------|--|--|-------------------------------|
| PKH18000029E | gygygygy information, er | iter change(s) here: | (Attach additional sheet) | s, if necessary.) | |
| | | | | | _ |
| | | <u> </u> | | | _ |
| | | | | | _ |
| | | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | | _ |
| + | | | | | _ |
| | | | | | _ |
| | | | | | _ |
| | | | | | _ |
| | | | | | |
| | | | | | :; |
| | | | | œ v | |
| - | | | | | |
| | | | | | 111 |
| | | | | | |
| | | | | | |
| | | | | • | (D);** _ |
| | | , | | | |
| | | | | | _ |
| E. Effective date | e, if other than the date of | filing: | | _ (optional) | |
| (If an effective do | te is listed, the date must be speci ate inserted in this block does | fic and cannot be prior to d | ate of filing or more than 90 destatutory filing requirement | lays after filing.) Pursuant to 6 ents, this date will not be li | 05.0207 (3)(b) sted as the |
| document's ef | fective date on the Departmen | nt of State's records. | | · | |
| if the record or | pecifies a delayed effect | lve date but not a | a effective time at 1 | 2:01 a.m. on the ear | iier of: |
| (b) The 90th | day after the record is f | iled. | renective time, at 1 | 2.01 d.m. on the ear | ner or. |
| gppre | MBED 22 | 2016 | | | |
| Dated SEFTE | MBER 22 | | | | |
| | | | | | |
| | Signatur | of a member or authorize | d representative of a member | | |
| GA | RY KAUFFMAN, ESQ. | | | | |
| | | Typed or printed ne | me of signee | | |

Page 3 of 3

Filing Fee: \$25.00