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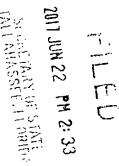
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COVER LETTER

	Registration Se Division of Cor			
CHD 117	PLH Herna			
SUBJEC	T:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Kurt Osborn		
			Name of Person	
			Firm/Company	
		4121 N 50th Street		
			Address	
		Tampa, Florida 33610		
		kosborn@teampepin.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report nour	fication)
For furth	er information c	oncerning this matter, please co	all:	
Kurt Osc			813 626-6176 	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.0	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUN 22 M 2:33

PLH Hernando, 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 $\frac{\text{January }11,2017}{\text{January }11,2017}$ _ and assigned Florida document number $\frac{1.17000009551}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 979 Eldorado, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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 _, Florida ___ CuvNew 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

	g Authorized Person(s) authorized to n from our records:	anage, enter the tine, name, and ad	dress of each person being adde
MGR = N AMBR = A	lanager Authorized Member	Address Address ALLAHASSIT	LED
<u> Title</u>	Name	Address ALLAHARY	Type of Action
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The 90th day after the record is filed.		
Dated Jone 21 . 2017 Donna Langhonse Signature of a member or authorized representative of a member	1110	sour day after the record is med.
Signature of a member or authorized representative of a member	Noted	June 21 2017
Signature of a member or authorized representative of a member	Zittett _	
Signature of a member or authorized representative of a member		Gonna Longhonse
		Signature of a member or authorized representative of a member
Donna I., Longhouse		

Page 3 of 3

Filing Fee: \$25.00