Florida Department of State

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S. WARREN

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AUG 3 1 2017

COVER LETTER

	gistration Serialon of Corp				
A THE RELEASE		VORTH CONSULTING, L	I.C		
SUBJECT: Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ali correspor	adence concerning this matter	to the following:		
		Cheyenne Moseley			
			Name of Person		
Legalzoom.com, Inc.					
			Firm/Company		
		101 N. Brand Blvd., 11t	h Floor		
			Address		
		Glendale, CA 91203			
			City/State and Zip Code	 	
		Tonya@HavenWorthCor	_		
		iy-man midress: (to be used for future annual report not	ncented)	
For further i	រប្រហាធាពុច១ ៤វ	oncerning this matter, please of	ali;		
Cheyenne	Moselcy		800 773-0888 c	xt, 9724	
	Name of	Person	Area Code Dayone	c Telephone Number	
Enclosed is a	a check for th	e following amount:			
□ \$25.00 I	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 Cupy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, 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

The Articles of Organization for this Limited Liability Company were filed on O4/18/2017 and assigned Florida document number L1700/086114 This amendment is submitted to amend the following: A. If amending name, gater the new name of the limited liability company here: Havenworth Coastal Conservation, LLC The new name naw he disrignishabte and end with the words "Limited Liability Company," the designative "LLC" or the abbreviation "LLC." Enter new principal offices address if applicable: (Principal office address MIST BEA STREET ADDRESS) B. If amending the registered agent and/or registered office address on our records, enter the name of the new revisitered agent and/or the new revisitered agent and/or the new revisitered office address here: Name of New Registered Agent: New Registered Office Address: Succe Florida never when 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 um familiar with and accept the obligations of my position as registered agent and ogree 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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 63, F.S. Or, if this document is being filed to merely reflect a change in the registered agent and spread office address. I hereby confirm that the limited liability company has been notified in writing of this change. If Changing Registered Agent, Standarc of New Residered Agent and Scientific Chapter of New Residered Agent. Page 1 of 3	(A Florid	ity Company as it now appears on our records.) Is Limited Liability Company)
This amendment is submitted to amend the following: A. If amending name, grier the new name of the limited liability company here: Havenworth Constal Conservation, LLC The new name must be designabled and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal offices address, If applicable: (Mailtine address MIST BE A STREET ADDRESS) 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 Agent: New Registered Office Address: State Florids need address State Florids need address Florids Cry Zay Code New Registered Agent: New Registered Agent: to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position 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 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 approvided 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 Re	The Articles of Organization for this Limited Liability C	Company were filed on 04/18/2017 and assigned
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To: Page 5 of 6

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager of Authorized Member being added or removed from our records:

MGR = 1 AMBR =	Manager Authorized Member		
Title	Name	Address	Type of Action
			D Add
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	Page	2 of 3	H 9: 15

D.	If amonding any other information, enter change(s) here: (Attach dilitional sheets, if necessary.)
E.	Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Forrida Department of State)
	mid august 26. 2011 mya Willer Lescher
	Signature of a member or authorized representative of a member
	Tonya Wilcy-Lescher
	Typed or printed name of vignee

Page 3 of 3

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Filing Fee: \$25.00

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