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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE
ORDA

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COVER LETTER

Div	ision of Corp	oorations				
SUBJECT:	DHT, LLC					
		Name of Lim	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Mara R. Kraft, Corporate I	Paralegal			
			Name of Person			
	Krugliak, Wilkins, Griffiths & Dougherty Co., LPA					
Firm/Company						
4775 Munson St. NW / PO Box 36963						
			Address			
		Canton, OH 44735				
			City/State and Zip Code			
		mkraft@kwgd.com				
		E-mail address: (to be used for future annual report notific	cation)		
For further in	nformation co	oncerning this matter, please ca	all:			
Mara R. Kra	ıft		330 244-4489 at ()			
	Name of	Person		Telephone Number		
Enclosed is a	a check for th	e following amount:				
□ \$25.00 F	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:

TO;

Registration Section

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

DHT, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our re la Limited Liability Company)	ccords.)
The Articles of Organization for this Limited Liability	Company were filed on May 15, 201	7 and assigned
Florida document number L17000107606	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7 6 6
(Principal office address MUST BE A STREET ADD	RESS)	260
	-	1.55g
Enter new mailing address, if applicable:		F = 0
(Mailing address MAY BE A POST OFFICE BOX)		107.10
		5 F
B. If amending the registered agent and/or regi		ords, enter the name of the ne
registered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	dduaa
	Enter r torida street de	uaress
-	- Cu	, 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 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
AMBR	Chipper Investments I, LLC	16808 Brightling Way	Add
		Naples, Florida 34110	Remove
			□ Change
AMBR	HLV, LLC	4695 Helena Drive	Add
		Grandville, MI 49418	Remove
			Change
AMBR	Thomas N. Shearer	16824 Brightling Way	Signal Bridge
		Naples, FL 34110	Remove
			Change
AMBR	Harold Voorhees	4695 Helena Dr.	
		Grandville MI 49418	■ Remove
			☐ Change
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ective d n effective	late, if other thate date is listed, the d	in the date of t ate must be specifi	filing: c and cannot	t be prior to d	ate of filing or m	ore than 90 days	optional) after filing.) Pursuant t	o 605.020
<u>te:</u> If th	e date inserted in s effective date on	this block does t	not meet th	e applicable	statutory filin	g requirements	, this date will not be	: listed a
		•						
record	specifies a de	elayed effecti	ve date,	but not a	n effective t	ime, at 12:0	01 a.m. on the e	arlier e
The 901	th day after th	e record is fil	led.					
ted	February 21			2018				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00