

L17000150360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

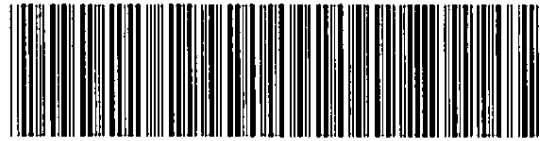
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TAL LAMAR, SEE, FLORIDA

S. WARREN

NOV 03 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2017

K. LYNDA HORVAT
EGOAVIL & HORVAT, PLLC
2525 PONCE DE LEON BLVD, SUITE 300
CORAL GABLES, FL 33134

SUBJECT: FRANCHISE GROWTH (DH-DIRECT 1), LLC
Ref. Number: W17000018439

L17000150300

We have received your document for FRANCHISE GROWTH (DH-DIRECT 1), LLC and your check(s) totaling \$360.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ENTITY HAS NOT BEEN ISSUED FOR #300296268993 IT IS A REJECTED FILING. THE CORRECTION CAN BE MADE ONLIN

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00013800

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FRANCHISE GROWTH (DH-DIRECT 1), LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

K. LYNDA HORVAT

Name of Person

EGOAVIL & HORVAT, PLLC

Firm/Company

2525 PONCE DE LEON BLVD., SUITE 300

Address

CORAL GABLES, FL 33134

City/State and Zip Code

KLYNDA@EGOAVILHORVAT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

K. LYNDA HORVAT

305 450-2825
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

FRANCHISE GROWTH (DH-DIRECT 1), 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 March 3, 2017 and assigned
Florida document number 300296268993.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

City

Florida

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

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STATE OF FLORIDA

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>	<u>Type of Action</u>
FG	FG-MGR, LLC	14103 Chinkapin Dr.	<input type="checkbox"/> Add
		Rockville, MD 20850	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FG-HOLDCO LLC	14103 Chinkapin Dr.	<input checked="" type="checkbox"/> Add
		Rockville, MD 20850	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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change
add
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 30, 2017

PUN FOR LI ON BEHALF OF FG-MGR, LLC as Manager of the Company

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA