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Division of Corporations

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From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176

Fax Number

: (713)429-1276

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAHN GROVE, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAHN GROVE, LLC  (Name of the Limited Limbility Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Company were filed on 07/18/2017		and assigned	
Florida document number L17000153568			
This amendment is submitted to amend the following:	ust .		
A. If amending name, enter the new name of the limited lia	bility company here:		
MORGAN ALLERGY, LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L L.C."	
Enter new principal offices address, if applicable:	10065 RIVERS TRAIL DR.		
(Principal office address MUST BE A STREET ADDRESS)			
	ORLANDO FL 32817	B/1 12	
	<del></del>	(F) ******	
Enter new mailing address, if applicable:	10065 RIVERS TRAIL DR.		
(Mailing address MAY BE A POST OFFICE BOX)		2 ==	
	ORLANDO FL 32817	Ë	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		nter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	•		
	Enter Florida street address		
	, Floric	la	

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>	Address	Type of Action
MGR	NEIL SAHILI	10065 RIVERS TRAIL DR.	≅ Add
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<u>Note:</u> If the	ate, if other than the date of filing:  dute is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after date inserted in this block does not meet the applicable statutory filing requirements, the effective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 in day after the record is filled.	is date will not be lis	ted a
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The 90th	5 2017		
The 90th	3/	S; &s	
The 90th	Signature of a member or authorized representative of a member	<del> </del>	Le .
The 90th  Pated 12/15	3/	2117 DEC  -	£¢ .
The 90th  Pated 12/15	Signature of a member or authorized representative of a member NICKOLAS J. SPRADLIN AUTHORIZED REPRESENTATIVE OF MEMBER	)	Ec many