## 48000120787

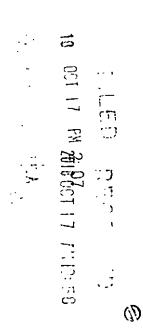
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## **COVER LETTER**

Div	ision of Corp	porations			
SUBJECT:	Lenhart Gro	oup, L1.C			
301011011		Name of Limi	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Amie Lenhart			
		<u></u>	Name of Person		
		<del></del>	Firm/Company		
		1443 Haverhill Dr			
		<u> </u>	Address		
		New Port Richey, FL 3465	55		
City/State and Zip Code					
		amiel.lenhart@carringtonre			
		E-mail address: (t	to be used for future annual report notifi	cation)	
For further i	nformation co	oncerning this matter, please ca	ıll:		
Amie Lenha	art		727 515-1626 at ()		
Name of Person			Area Code Daytime	Telephone Number	
Enclosed is	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:

**Registration Section** 

TO:

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

		Or		٠ ,
				مت
Lenhart Group, LLC			, <u></u>	3 -
(Name of the Limi	ted Liability Cor (A Florida Limit	mpany as it now appears on o ted Liability Company)	ar records.)	
The Articles of Organization for this Limited L	iability Compa	any were filed on May 14,	2018 -	_ and assigned
Florida document number 1.18000120787				
This amendment is submitted to amend the following	lowing:		;	97
A. If amending name, enter the new name of	of the limited l	iability company here:		
Amie Lenhart, LLC				
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designa	ion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	<u> </u>	
(Principal office address MUST BE A STREI	<u>ET ADDRESS</u>	2		<u> </u>
		N/A		
Enter new mailing address, if applicable:		18/74	<del></del>	
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered o			records, enter th	ne name of the ne
Name of New Registered Agent:	N/A			
New Registered Office Address:				
Negational Street Address.		Enter Florida str	vet address	
			, 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
	<u></u>		Add
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fective date, if other than the date of		01/2018 (0	ptional)
n effective date is listed, the date must be speci ste: If the date inserted in this block does	ific and cannot be prior to dat	e of filing or more than 90 days to tutory filing requirements	after filing.) Pursuant to 605.03 this date will not be listed
cument's effective date on the Departmen		matery ming requirement	
record specifies a delayed effect The 90th day after the record is f		effective time, at 12:0	)1 a.m. on the earlier
THE FORM day after the record is i	mea.		
tool October 7	2018		
CAUNE .	1		
<b>^</b>			
ded October 7  Ames Signatur	hart		

Page 3 of 3

Filing Fee: \$25.00