

L18000227808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

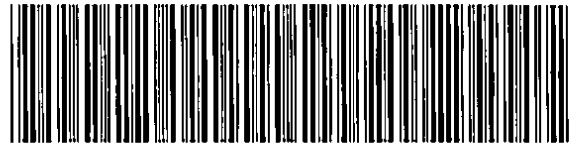
(Business Entity Name)

(Document Number)

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APPROVED  
AND  
FILED

2019 MAR 20 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10:00:00 PM 3/20/19

T.G.  
03/21/19

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 692208 4389136

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : March 20, 2019

ORDER TIME : 3:15 PM

ORDER NO. : 692208-005

CUSTOMER NO: 4389136

APPROVED  
AND  
FILED  
2019 MAR 20 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

DOMESTIC AMENDMENT FILING

NAME: HERMAN FAMILY HOLDINGS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Herman Family Holdings 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:

Donald G. Herman

Name of Person

c/o Lift, Inc.

Firm/Company

3745 Hempland Road

Address

Mountville, PA 17554

City/State and Zip Code

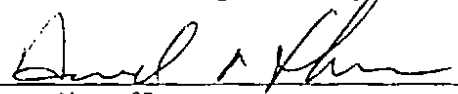
dherman@liftincorporated.com

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

2019 MAR 20 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

APPROVED  
AND  
FILED

For further information concerning this matter, please call:

 at (717) 808 5627  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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  
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**

Herman Family Holdings 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 September 26, 2018 and assigned Florida document number L18000227808.

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)

c/o Lift, Inc.

3745 Hempland Road

Mountville, PA 17554

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Lift, Inc.

3745 Hempland Road

Mountville, PA 17554

**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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

*City*

Florida 32301

*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.*

Emily Croft

Asst. Vice President

  
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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

RECEIVED  
MAR 20 AM 8:19  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

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AND  
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2013 JAN 20  
SECRETARY OF STATE  
FALL ARCADE, FLORIDA

APPROVED  
AND  
FILED

2019 MAR 20 AM 8:19  
SECRET//NOFORN  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-14-2019 BY 60322  
UCBAW

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 18 2019

Signature of a member or authorized representative of a member

Donald G. Herman

Typed or printed name of signee