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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000958313)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HAND ARENDALL HARRISON SALE LLC

Account Number : 120190000128 : (850)769-3434 Phone Fax Number : (850)769-6121

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** I'd

msacd5@aol.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&S PROPERTIES OF GREATER FLORIDA, LLC

Andrews for the Committee of the Committ	FRITZ: MENTENTANES MIN.
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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COVER LETTER

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то:	Registration Sec Division of Corp		
		rties of Greater Florida, LLC	
SUBJE	CT:	Name of Limi	ited Liability Company
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.
Please r	eturn all correspo	ndence concerning this matter	to the following:
		Franklin R. Harrison	
			Name of Person
		Hand Arendall Harrison Sa	ile
			Firm/Company
		304 Magnolia Avenue	
			Address
		Panama City, Florida 3240	H
		msaed5@aol.com	City/State and Zip Code
			to be used for future annual report notification)
For furt	her information c	oncerning this matter, please c	all:
Stephar	nie Słack		850 769-3434
	Name o	f Person	at () Area Code Daytime Telephone Number
Enclose	ed is a check for th	ne following amount:	
≘ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MailingAddres Registration S Division of C P.O. Box 632 Tallahassee.	Section Torporations 27	StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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(A Fiorida Limite	pany as it now appears (d Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Compares Florida document number <u>L20000090515</u>	ny were filed on Mare	h 26, 2020	ຸ ຄາ	nd assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company here	:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desi	gnation "LLC" c	ir the abbrevial	io Egulucu	
Enter new principal offices address, if applicable:	1310 Fox Creek R	oad		O HAR	
(Principal office address MUST BE A STREET ADDRESS)	Lawrenceburg, K	Y 40342	* : :	3 .	
				= 1	
Paramana mailing address if anyligable	1310 Fox Creek R	.oad			زی
Enter new mailing address, if applicable:	Lawrenceburg, K	Y 40342		_ <u></u>	_
(Mailing address MAY BE A POST OFFICE BOX)		1 400.42			<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:			ne name of th	he new regi	stere
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:			ne name of th	he new regi	istere
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our rec		ne name of the	he new regi	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our rec	ords, <u>enter t</u>	ida		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our rec	ords, <u>enter th</u>	ida	he new regi	istere
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florid City	ords, <u>enter th</u> astreet address Flor	iduZip	Cork	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson, being added 120000095831 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mark Prater	1310 Fox Creek Road	□Add
		Lawrenceburg, KY 40342	□Remove
AMBR	Susan Prater	1310 Fox Creek Road	
		Lawrenceburg, KY 40342	□Remove
			■Change
			
			2020 Remove
			Add as
			□Change
			🗀 Add
			□Remove
			□ Change
			□Add
			\ Remove
			□ Change

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E. Effective date, if other than (than effective date is listed, the date) Note: If the date inserted in this	the date of filing: March 26, 2020 must be specific and cannot be prior to date of filing or s block does not meet the applicable statutory file.	(optional) more than 90 days after filing.) Pursuant to 60; ing requirements, this date will not be list	5.0207 (3)(b ted as the
	March 26, 2020		-
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			-
			-
			-
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		- A 30	
		2020 HA 25 OK 21-1	
			-

Typed or printed name of signee

Filing Fee: \$25.00

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