

L25000136507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

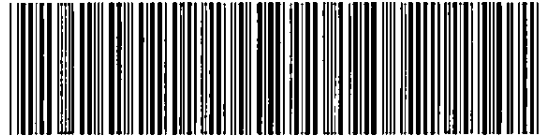
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SECRETARY OF STATE
TALLAHASSEE, FL

me1
7/16/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HH TITLE MEMBER, 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:

JAMIE MELSON

Name of Person

LEGACY 5 CORPORATE SERVICES

Firm/Company

3601 RIGBY ROAD, SUITE 300

Address

MIAMISBURG, OH 45342

City/State and Zip Code

JAMIE.MELSON@LEGACY5.COM

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

For further information concerning this matter, please call:

JAMIE MELSON

937

240-4810

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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5-19-25

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>
MGR	DAVID N. REED	3601 RIGBY ROAD, SUITE 300	☒ Add
		MIAMISBURG, OH 45342	☐ Remove
			☐ Change
MGR	JILL R. GERRY	1000 LEGION PLACE, SUITE 800	☒ Add
		ORLANDO, FL 32801	☐ Remove
			☐ Change
MGR	AARON R. MATSON	3601 RIGBY ROAD, SUITE 300	☒ Add
		MIAMISBURG, OH 45342	☐ Remove
			☐ Change
MGR	CHRISTOPHER HELFRICH	1000 LEGION PLACE, SUITE 800	☐ Add
		ORLANDO, FL 32801	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL
2025 MAY 19 AM 10:02

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 MAY 7, 2025

David K. Reed

Signature of a member or authorized representative of a member

DAVID N. REED, ESQ.

Typed or printed name of signee

Filing Fee: \$25.00