(shown below) on the top and bottom of all pages of the document.

(((H24000116185 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

**Enter the email address for this business entity to be used for future

	annua.	r report	marrings.	encer	OHIY	Olive	SINGII	andi.ess	DIE
A16 710 710	Email	Address	:						
1282									

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HCRE 007 LLC

Certificate of Status	0
Certified Copy	00
Page Count	10
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help T. LEMIEUX Ťο.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024-03-28 13:51:00 CDT

HCRE 007 LLC		
(Name of the Limited Liability Con (A Florida Limit	ndany as it now appears on our re ed Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa Florida document number L24000107792	ny were filed on March 1, 202	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
HCNB Sapp LLC		
The new name must be distinguishable and contain the words "Limited Li	ability 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)		
		2
Enter new mailing address, if applicable:		2021
(Mailing address MAY BE A POST OFFICE BOX)		
•		- 2 -
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>er</u>	ter the name of the new registere
agent and of the new registered office address neve.		5
Name of New Registered Agent:		11 7
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street ad	Adross
	Times 1 Hours 31-4EE or	
	City	, Florida 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.

To:

Page 5 of 6

2024-03-28 13:51:00 CDT

Lexitas

From: Carol Panchana

___ □Change

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 = M $AMBR = A$	lanager uthorized Member		
Title	Name	Address	Type of Action
			<u>C</u> Add
			□Remove
			□Change
			□Add
			□Remove
		A	Change
			□Add
		<u></u>	□Remove
			□Change
			🗆 Add
			□Remave
			Change
			[DAdd
			□ Remove
			☐ Change
			□Add
			Remove

		-	.	•				
			<u> </u>					
								
						·		
						·		
-								
								
			•					
						·····		
							_,	
		·	 ·					
								
an effective date ote: If the date	fother than the date must inserted in this blockive date on the Dep	k does not n	cannot be princed the	ior to date of t licable statut	ung or more w	opti an 90 days after uirements, thi	filing.) Pursuar	nt to 605.0207 be listed as
record specifics is filed.	a delayed effective	date, but not	an effective	e time, at 12:	01 a.m. on th	e earlier of: (b) The 90th d	ay after the
ated March 27	1, 7		2024	 V1				
	_ www	ignature of a	member or au	thorized repre	sentative of a	nember		