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(((H22000290013 3)))



H220002900133ABCT

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAJMY THOMPSON, P.L.

Account Number: I20090000014 Phone : (941)907-3999

Fax Number : (941)896-4812

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HLS TROPICAL, LLC

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COVER LETTER

TO:

Registration Section Division of Corporations H220002900133

SUBJECT:	HLS TF	ROPICAL, LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The anclosed Articles of	Amendment and fee(s) are sub	amitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
		Sean Kelly	
		Name of Person	
		Najmy Thompson, P.L.	
		Firm/Company	
		1401 8th Avenue West	
	**************************************	Address	
		Bradenton, Florida 34205	
		City/State and Zip Code	
		celly@najmythompson.com to be used for future annual report	notification)
P 6 4 1 2 6 2 2 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2		•	normeations
	oncerning this matter, please c		
	Kelly	94] at ()	748-2216
Name o	f Person	Area Code Day	ytime Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration (Street Address Registration	
Division of C	corporations	Division of C	Corporations
P.O. Box 632 Tallahassee, l			of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H220002900133

	HLS TROPIC	AL, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appears of Liability Company)	on our records.)		
The Articles of Organization for this Limited I		were filed on	10/20/2004	and assigned	
Florida document number L 04000076278	,				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here	:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:		511 Ocean Boulev	ard		
(Principal office address MUST BE A STREET ADDRES		Sarasota, Florida 34242			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	P.O. Box 1726 Bradenton, Florida	34206	2022 AUG 26 SECRETAR SALLARIA		
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office a	address on our reco	ords, <u>enter the nar</u>		
Name of New Registered Agent:	Najmy Thomps	ion, P.L.		<u> </u>	
New Registered Office Address:	1401 8th Avenu				
		Enter Florida	street address		
	Bradenton		, Florida _	34205	
		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.

Many - Hung
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:

H220002900133

MGR = Manager AMBR = Authorized Member

. .

Title	Name	Address	Type of Action
MGR	SHAWN KALETA	102 48TH STREET	= Add
		HOLMES BEACH, FLORIDA 34217	☐ Remove
			Change
MGR	STEVE CAVANAUGH	1211 OLD STICKNEY POINT ROAD	
		SARASOTA, FLORIDA 34242	
			□Change
			□Add
			□ Remove
			Change
			ClAdd
			□Remove
			[]Change
	4,		□Add
			□Remove
			□Change
			□Add
			Remove

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iote: If the ocument's record spe is filed.	cifies a delayed effe		,	, ·		

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