L050000000530

| (Re | equestor's Name) | ···· |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | _ |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



900376438159

11. 11.01 - 91.70 - 0.7 kell. 19

20211777 15 PH 4: 06

J.Mund

DEC 08 2021
I ALBRITTON

COVER LETTER

| | ang Section a of Corporations | |
|----------------------|---|--|
| SUBJECT: | Humming Bird Properties, Name of Limited Liability Company | <u>L</u> LC |
| The enclosed Artic | icles of Organization and fee(s) are submitted for filing. | |
| Please return all co | correspondence concerning this matter to the following: | |
| | EU2-ABETH ZIADIE Name of Person | |
| | Humming BIRD Properties | LLC |
| | 14451 PEDIGREE LAWE | |
| | | |
| | Sou Ranches Flore DA City/State and Zip Code etzalds1 e comcast | Net |
| | h-mail address; (to be used for future annual report notification) | |
| | ation concerning this matter, please call: $\overline{PH} = \overline{P} = \overline{P}$ | |
| Enclosed is a chec | eck for the following amount: | |
| □\$125.00 Filing | Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi | 60,00 Filing Fee, ficate of Status & fied Copy onal copy is enclosed) |
| | Mailing Address Street Address No. 1991 | |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| The Articles of Organization for this Limited Liability Company were filed on <u>01/</u> Torida document number <u>405000085</u> 30 | 26/2005 and assigned |
|---|---|
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| | |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designate contain the words "Limited Liability Company," the designated response principal offices address, if applicable: | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| | ن ب |
| | PH |
| Enter new mailing address, if applicable: | |
| | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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> | Address | Type of Action |
|--------------|-------------|-----------------------------------|----------------|
| AMBR | RICK LASKA | 14451 PEDIGREE LI SWRANGHES PL | WE CENTRAL |
| | | SWRANGHES FL | □Remove |
| | | 3333 <i>0</i> | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗀 Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | 🗆 Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| _ | |
|-----------------------|---|
| - | |
| - | · · · · · · · · · · · · · · · · · · · |
| _ | |
| _ | |
| | |
| _ | |
| - | · · · · · · · · · · · · · · · · · · · |
| - | |
| _ | |
| | |
| - | |
| - | *** |
| - | |
| _ | |
| | |
| - | |
| - | |
| - | |
| (If an eff Note: | ve date, if other than the date of filing: |
| he recor ord is fi | d 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 ed. |
| Dated | 11/9/2021. |
| | Miller |
| | Signature of a member or authorized representative of a member |
| | QUZABETH ZIADIE |
| | Typed or printed name of signee |