## L050000 41903

(Requ	uestor's Name)	
(Addr	ess)	
(Addr		<del></del>
(Addi	e55)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL MAIL
(D.,-;	Cakka ki-	
(Busi	ness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
		<del></del>
<u> </u>		
Special Instructions to Fi	ling Officer:	

Office Use Only



900331383809

07/01/19--01021--028 \*\*25.0

Anund

JUL 1 5 2019 I ALBRITTON

TO:	Registration Sec Division of Corp		<b>.</b>	
cum i	ECT.	Holli Pro	operties. LLC	
SUBJ	ECT:	Name of Limit	ed Liability Company	
The e	nclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please	e return all correspor	dence concerning this matter to	o the following:	
		Rod '	W. Hollingsworth; Jr.	
			Name of Person	
			Firm/Company	
		المال	W. Hwy M	
			Address	
		Acc	Adia, FL 34200 City/State and Zip Code	
			d 6 Sunbulb. Com to be used for future annual report notif	
For t	urther information co	oncerning this matter, please ca		
	Rod. W	Hollingsworth	at ( <u>863</u> ) 494 -	4022
	Name o	f Person	Area Code Dayume	e retephone Number
Encl	osed is a check for th	ne following amount:		
<b>12</b>	\$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
	Regist	ING ADDRESS: ration Section	STREET/COURI Registration Section Division of Corpor	on

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION OF

Holli troperties, LC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 04/28/2005 and as a lorida document number L05000041903.	signe
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation,"	L.L.C.
Enter new principal offices address, if applicable:	<del>-</del> -
Principal office address MUST BE A STREET ADDRESS)	<u></u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  ———————————————————————————————————	- N N - 1
B. If amending the registered agent and/or registered office address on our records, <u>enter the nam</u> registered agent and/or the new registered office address here:	e of
Name of New Registered Agent: Rod W. Hollingsworth	
New Registr and Office Address: 1615 S.W. Hwy 17  Enter Florida street address	
	le
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 co-	mply

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

If Changing Bugistered Agent, Signature of New Registered Agent

Page 1 of 3

0. 10.110

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
<u> 146R</u>	Hollingsworth, Thomas N.	4451 S.E. County Road 760	Add
		Accordiz FL 34266	<b>⊠</b> Remove
			Change
MOR	Hollingsworth Jr ROW.	1615 S.W. Hwy 17	<b>\S</b> Add
		Arcadia, FL 34044	□ Remove
			Change
1 <u>YGR</u>	1-61hngsworth, Adam P.	1615 S.W. Huy 17	Add
		Arcadia, FL 34244	Remove
			<b>Б</b> -Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change

	<del></del>
_	
Effective	date, if other than the date of filing: (optional)
f an effectiv	we 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 60: he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
document	's effective date on the Department of State's records.
ioeumem	
	**************************************
ne recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli
The 90	Oth day after the record is filed.
Dated	June 15t 2019a/.
	Signature of a member of pattborized representative of a member
	Rud W. Hullingsworth, Jr.  Typed or printed name of signee
	Typed or printed name of signee
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

Page 3 of 3

Filing Fee: \$25.00