(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SHID IF	~T.	NHYPLLC				
SUBJEC	ψ1·			ited Liability Company		
The enclo	osed	Articles of A	mendment and fee(s) are sub	emitted for filing.		
Please re	turn	all correspond	dence concerning this matter	to the following:		
			Bill Ainesle			
				Name of Person		
			Hewitt Contracting Compa	nny, Inc.		
				Firm/Company		
			P. O. Box 490697			
				Address		
			Okahumpka, FL 34749			
			***	City/State and Zip Code		
			bainslie@hewittcontracting			
			E-mail address: (to be used for future annual report notification)		
For furth	er in	formation cor	ncerning this matter, please c	all:		
Bill Aine	esle			352 787-5651		
		Name of I	Person	Area Code Daytime Telephone Number	-	
Enclosed	l is a	check for the	following amount:			
■ \$25.0	00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	ASSE SE	Distus SV onclosed)	
	Reg Div P.O	ing Address: istration Se ision of Co . Box 6327 ahassee, FI	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	AM IO: 06	'حقق

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NHYP, LLC								
(Name of the Lim	ited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)						
The Articles of Organization for this Limited I Torida document number L06000008771	Liability Company	were filed on 01/25/2006	and assigned					
his amendment is submitted to amend the fol	llowing:							
a. If amending name, enter the new name	of the limited liab	ility company here:						
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."					
inter new principal offices address, if appli	cable:	3839 County Road 48						
Principal office address MUST BE A STRE.		Okahumpka, FL 34762						
nter new mailing address, if applicable:		P. O. Box 490697						
(Mailing address MAY BE A POST OFFICE BOX)		Okahumpka, Fl. 34749						
								
B. If amending the registered agent and/or gent and/or the new registered office address.	registered office : ess here:	address on our records, <u>enter the</u>	name of the new regist					
Name of New Registered Agent:	Howard H. Hev	vitt	AA -					
New Registered Office Address:	3839 County R		ASS A THE					
		Enter Florida street address	mon o					
	Okahumpka	, Florid						
	Okahumpka	, Florid	da 34762 E					

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.

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>	Address	Type of Action
MGR	ROBUCK, H. DJR.	610 E. MAIN STREET, LEESBURG, FL 34748	□Add
			= Remove
		 	□Change
			□Add
			□Remove
			□ Change
			□Add
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<u>le:</u> If	the date in	serted in tl	his block	does not	meet th	e applica	to date of fi ible statut	ling or mo: ory filing	e than 90 (requirem	days after ents, this	filing.) P date w	ursuant to 6	05.0207 isted as
ument	t's effectiv	e date on t	the Depa	rtinent of	State's	records.							
cord s	pecifies a	delayed efi	fective da	ite, but n	ot an eff	ective tir	ne, at 12:	01 a.m. or	the earli	er of: (b)	The 9	90th day at	ter the
s filed.													
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			Sio	nature of	a member	r or autho	rived repre	sentative o	f a membe	·r			
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Filing Fee: \$25.00