

107000008119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

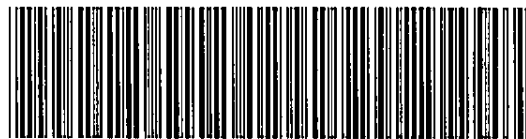
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H & H Properties I, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy T. Hector

Name of Person

Firm/Company

1390 S. Dixie Highway, Suite 2219

Address

Coral Gables, Florida 33146

City/State and Zip Code

nancythector@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy T. Hector

305 951-0357

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H & H Properties I, LLC

(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 01/22/2007 and assigned
Florida document number L07000008119.

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:

(Principal office address MUST BE A STREET ADDRESS)

1390 S. Dixie Highway

Suite 2219

Coral Gables, Florida 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1390 S. Dixie Highway

Suite 2219

Coral Gables, Florida 33146

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Nancy Hector

New Registered Office Address:

1390 S. Dixie Highway, Suite 2219

Enter Florida street address

Coral Gables

Florida 33146

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.


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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|-----------------------------|--|
| MGRM | Susan Heatley | 5101 SW 74 Terrace | <input type="checkbox"/> Add |
| | | Miami, Florida 33143 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | T.K. Heatley | 5101 SW 74 Terrace | <input type="checkbox"/> Add |
| | | Miami, Florida 33143 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | James Heatley | 5101 SW 74 Terrace | <input type="checkbox"/> Add |
| | | Miami, Florida | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Nancy Cole | 1390 S. Dixie Highway | <input checked="" type="checkbox"/> Add |
| | | Suite 2219 | <input type="checkbox"/> Remove |
| | | Coral Gables, Florida 33146 | <input type="checkbox"/> Change |
| MGRM | Nancy T. Hector | 1141 South Alhambra Circle | <input type="checkbox"/> Add |
| | | Coral Gables, FL 33146 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Nancy T. Hector | 1025 South Alhambra Circle | <input type="checkbox"/> Add |
| | | Coral Gables, FL 33146 | <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3):

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 9, 2017

Signature of a member or authorized representative of a member

Nancy T. Hector

Typed or printed name of signee