

LO8 0000 23267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

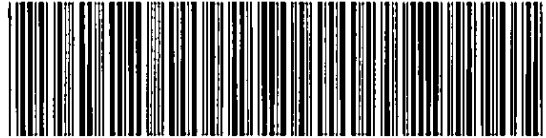
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/06/20--01007--019 **25.00

2020 APR 23 PM 3:00

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APR 28 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 APR 20 AM 7:40

April 16, 2020

THOMAS HOWARD
1356 BENNETT DR
LONGWOOD, FL 32750

SUBJECT: HCM HOLDINGS, LLC
Ref. Number: L08000023267

We have received your document for HCM HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 820A00008075

* Revisions sent on 4/20/20. *HH*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HCM HOLDINGS, 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:

THOMAS G HOWARD

Name of Person

HCM HOLDINGS, LLC

Firm/Company

1356 BENNETT DRIVE

Address

LONGWOOD, FL 32750

City/State and Zip Code

th@tms-menagerie.com

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

For further information concerning this matter, please call:

THOMAS G HOWARD

407 339-4768
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 APR 23 PM 3:00

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Enter Florida street address

Florida

City

Zip Code

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

Title Name Address Type of Action

Mr. George B. Campbell

3891 Lakeview Court, Addison, TX 75001.

☒ Add

☐ Remove

☐ Change

Mr. Scott Mountford

4 Market Place Drive, York, ME 03909

☒ Add

☐ Remove

☐ Change

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2020 APR 23 PM 3:00

MGRM

MGRM

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

2020 APR 23 PM 3:00

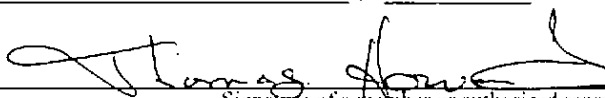
E. Effective date, if other than the date of filing: _____ (optional)

(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)(b)

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 APRIL 1, 2020



Signature of a member or authorized representative of a member

THOMAS G HOWARD

Typed or printed name of signee

Filing Fee: \$25.00