

LD9000016373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

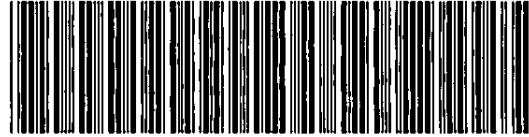
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

APR 14 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HMTW Land Fund 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:

Name of Person

HMTW Land Fund I, LLC

Firm/Company

7742 Alico Road

Address

Ft. Myers, FL 33912

City/State and Zip Code

hains.gary@gmail.com

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

For further information concerning this matter, please call:

Gary Hains

Name of Person

at 239 208-4079

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

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

HMTW LAND FUND 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 02/18/2009 and assigned
Florida document number L09000016373.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HMTW LAND FUND I, LLC

The new name must be distinguishable and end with 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)

7742 Alico Road

Ft. Myers, FL 33912

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7742 Alico Road

Ft. Myers, FL 33912

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

Name of New Registered Agent:

Carlo Zampogna

New Registered Office Address:

711 5th Avenue South - Suite 200

Enter Florida street address

Naples

City

Florida 34102

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.

Carlo Zampogna
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	FL STAR I, LLC	7742 Alico Road Ft. Myers, FL 33912	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	HAWKS BAY, LLC	4570 Ardine Street South Gate, CA 90280	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	OC Development, LLC	4570 Ardine Street South Gate, CA 90280	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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HILLSBOROUGH COUNTY
FLORIDA

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 8, 2014.

Signature of a member or authorized representative of a member

Typed or printed name of signee

GARY HAIN, FL STATE, LLC

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA