

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1000144620

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GILLIGAN, GOODING & FRANJOLA
Account Number : 120010000016
Phone : (352) 367-7707
Fax Number : (352) 367-0237

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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

jgooding@ocala.law.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HAMLET CONSTRUCTION COMPANY, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAMLET CONSTRUCTION COMPANY, 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:

W. James Gooding III

Name of Person

Gilligan, Gooding, Franjola & Batsel, P.A.

Firm/Company

1531 SE 36th Avenue

Address

Ocala, FL 34471

City/State and Zip Code

jgooding@ocalalaw.com

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

For further information concerning this matter, please call:

Barbara Noel

Name of Person

at (352)

Area Code

867-7707

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**

HAMLET CONSTRUCTION COMPANY, 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 December 27, 2011 and assigned
Florida document number : L11000144620

This amendment is submitted to amend the following:

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

FH Construction of Marion, LLC

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

Enter new principal offices address, if applicable:

1736 SE 47th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Ocala, FL 34471

Enter new mailing address, if applicable:

1736 SE 47th Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Ocala, FL 34471

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:

Harvey Vandeven (no change)

New Registered Office Address:

1736 SE 47th Avenue

Enter Florida street address

Ocala

City

, Florida 34471

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.

Harvey Vandeven
If Changing Registered Agent, Signature of New Registered Agent

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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>
MGR	Harvey Vandeven (no change)	1736 SE 47th Avenue, Ocala, FL 34471 (this is only change)	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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.

Dated February 15, 2019.

Signature of a member or authorized representative of a member

W. James Gooding III, as Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00

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