

L12000158073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

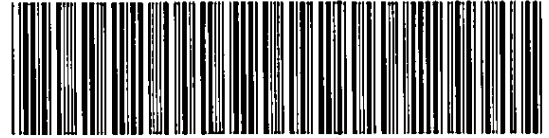
(Business Entity Name)

(Document Number)

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11/18/18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hughes Realty Solutions 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:

Edward Anthony Hughes

Name of Person

Hughes Realty Solutions LLC

Firm/Company

2481 River Tree Circle

Address

Sanford FL 32771

City/State and Zip Code

tony-hughes@cfl.rr.com

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

For further information concerning this matter, please call:

Edward Anthony Hughes

321 287-1453  
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

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

Hughes Realty Solutions 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 12/19/2012 and assigned Florida document number L12000158073.

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)**

Hughes Realty Solutions LLC

2481 River Tree Circle

Sanford, FL 32771

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Hughes Realty Solutions LLC

2481 River Tree Circle

Sanford, FL 32771

**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:

Edward Anthony Hughes

New Registered Office Address:

2481 River Tree Circle

*Enter Florida street address*

Sanford

*City*

Florida

32771

*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

Title	Name	Address	Type of Action
MGR	Steven Michael Hughes		<input checked="" type="checkbox"/> <del>Add</del> Remove
		4413 S. Kirkman Rd., Unit F-210, Orlando FL 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Edward Anthony Hughes	2481 River Tree Circle, Sanford FL 32771	<input checked="" 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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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA

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

Steven Michael Hughes is deceased. Death Certificate attached.

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2013 NOV 15 A 8 54  
ALLENHRS SEC. DIVISION

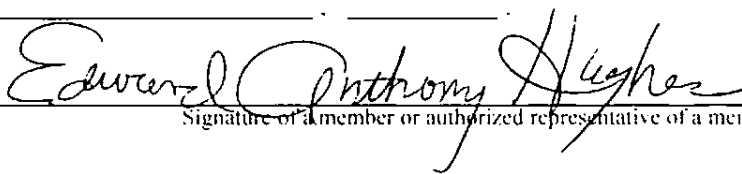
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 \_\_\_\_\_



Signature of a member or authorized representative of a member

Edward Anthony Hughes

Typed or printed name of signee

## STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018145773

DATE ISSUED: SEPTEMBER 20, 2018

## DECEDENT INFORMATION

DATE FILED: SEPTEMBER 17, 2018

NAME: STEVEN MICHAEL HUGHES

DATE OF DEATH: SEPTEMBER 11, 2018

SEX: MALE

AGE: 036 YEARS

DATE OF BIRTH: MARCH 4, 1982

SSN: 594-58-2215

BIRTHPLACE: WHEELING, WEST VIRGINIA, UNITED STATES

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: HEALTH CENTRAL

LOCATION OF DEATH: OCOEE, ORANGE COUNTY, 34761

RESIDENCE: 4413 SOUTH KIRKMAN ROAD APT NO. F210, ORLANDO, FLORIDA 32811, UNITED STATES

COUNTY: ORANGE

OCCUPATION, INDUSTRY: REAL ESTATE BROKER, HOUSING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: OLESEA MARULEA

FATHER'S/PARENT'S NAME: EDWARD ANTHONY HUGHES

MOTHER'S/PARENT'S NAME: LURA ANN GRIMES

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: LURA ANN HUGHES

RELATIONSHIP TO DECEDENT: MOTHER

INFORMANT'S ADDRESS: 2481 RIVER TREE CIRCLE, SANFORD, FLORIDA 32771, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: WILLIAM R GRAY, F045263

FUNERAL FACILITY: LOOMIS FUNERAL HOME INC F040605

420 W MAIN ST, APOPKA, FLORIDA 32712

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: WEST SIDE CREMATORY  
WINTER GARDEN, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 180901446

TIME OF DEATH (24 HOUR): 2300

DATE CERTIFIED: SEPTEMBER 17, 2018

CERTIFIER'S NAME: JESSE CLINTON GILES

CERTIFIER'S LICENSE NUMBER: ME55714

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED



, STATE REGISTRAR

REQ: 2019709987

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

