L14000189395

(Re	questor's Name)	
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COVER LETTER

10.	Division of Corp			
CIID IE	CORT.	E DEVELOPMENT, LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		ROBERT HAHNEMANN		
			Name of Person	·
		RHH PARTNERSHIP, LL	LP	
			Firm/Company	<u>.</u>
		1242 SALT CREEK ISLA	ND DRIVE	
			Address	
		PONTE VEDRA, FL 3208	32	
			City/State and Zip Code	
		SANDYH1@COMCAST.N		
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
ROBE	RT HAHNEMAN	N	904 669-0339 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

FORTY ONE DEVELOPMENT, LLC

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

(11.101)42 2.1	inned Ensuring Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{12/11/2014}{1}$	and assigned
Florida document number L14000189295		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u>(SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ecords, enter the name of the new
Name of New Registered Agent:		
•	,	
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and confidence the obligations of my position as registered ages being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my dut nt as provided for in Chapter	ies, and I am familiar with and 605(F.S. Or, if this document is rmithat the limited liability
	ii Changing Registered Agent, Sign	=== N

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>	Type of Action
MGR	RHH PARTNERSHIP, LLLP	1242 SALT CREEK ISLAND DR	∃ Add
		PONTE VEDRA, FL 32082	☐ Remove
			□ Change
MGR	ROBERT HAHNEMANN	1242 SALT CREEK ISLAND DR	
		PONTE VEDRA, FL 32082	■ Remove
			Change
MGR	SANDRA HAHNEMANN	1242 SALT CREEK ISLAND DR	
		PONTE VEDRA, FL 32082	■ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
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	ding any other information, enter change(s) here: (Attach additiona	- • •
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ı effec <u>te:</u> lf	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more the date inserted in this block does not meet the applicable statutory filing re tt's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605 requirements, this date will not be liste
	ord specifies a delayed effective date, but not an effective time of the record is filed.	ne, at 12:01 a.m. on the earlie
ed _	October 29, 2015.	
		.5 NT
	Signature of a member or authorized representative of	
	ROBERT HAHNEMANN	SS 1
	Typed or printed name of signee	IT CO TOTAL
		FLOGER &

Filing Fee: \$25.00