L14000192383

(Re	questor's Name)	
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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HMD II, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Richard E. Straughn Name of Person
Straughn and Turner, PA Firm/Company
255 Magnolia Ave. SW
Winter Haven FL 33880 City/State and Zip Code
Sheila @ cassidy homes. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marie Straughn Prisco at (813) 293-1184 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2015

RICHARD E STRAUGHN STRAUGHN AND TURNER PA 255 MAGNOLIA AE SW WINTER HAVEN, FL 33880

SUBJECT: HMD II, LLC

Ref. Number: L14000192383

We have received your document for HMD II, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 815A00004776

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

(Name of the Limited Lie	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 12/17/2014 and assigned 3.	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the	imited liability company here:	
South Lake Inventor 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:	N/A ZE 5	
(Principal office address MUST BE A STREET AL	DRESS)	
Enter new mailing address, if applicable:	N/A SE	2 m
(Mailing address MAY BE A POST OFFICE BOX	STATE STATE	_
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the address here:	new
Name of New Registered Agent:	U/A	
New Registered Office Address:	Enter Florida street address	_
	, Florida	_
	City Zip Code	_
New Registered Agent's Signature, if changing Regist	ered 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 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> **Type of Action Address** □ Add □ Remove _□ Add _□ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

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The effective	e date must be spec s document is filed	by the Florida Do	ior to date of cpartment of	receipt or filed of State)	d representative o	more than 90 days	s after '

Page 3 of 3

Filing Fee: \$25.00