

h15 0000 29056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

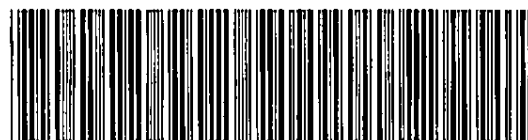
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/04/21--01016--024 **25.00

21 OCT -1, PM 3:12

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HJR Properties, 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:

Hobson Rodenbaugh

Name of Person

Hoplanad, LLC

Firm/Company

1239 SARASOTA CENTER BLVD

Address

SARASOTA, FL 34240

City/State and Zip Code

gboyle@gpboyle.com

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

For further information concerning this matter, please call:

George Boyle

215 860 - 7008
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

21 OCT -4 PM 3: 13

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

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

21 OCT -L PM 3:13

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Hobson Rodenbaugh	4046 Founders Club Dr	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34240	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hoplanad, LLC	221 N BROAD ST, SUITE 3A	<input type="checkbox"/> Add
		MIDDLETOWN, DE 19709	<input checked="" 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"/> Change

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

21 OCT -4 PM 3:13

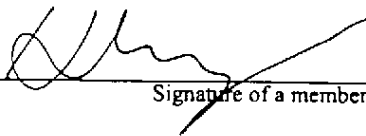
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 September 29th, 2021



Signature of a member or authorized representative of a member

Hobson Rodenbaugh

Typed or printed name of signee