## 1500001413

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## **COVER LETTER**

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Registration Section **Division of Corporations** 

Tallahassee, FL 32314

TO:

	Name of Lir	nited Liability Company	<del>-</del>			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please return all correspo	ondence concerning this matter	r to the following:				
	Garrett Gilkey					
		Name of Person	<del></del>			
	HGC Development Group	LLC				
		Firm/Company				
HGC Development Group LLC						
	·	Address				
	Tampa, FL 33605					
		•				
	- · · · · · · · · · · · · · · · · · · ·		ification			
For further information c	oncerning this matter, please c	•	,			
J. Norman Giovenco		813 310-8066 at ()				
Name o	f Person	at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed			
Mailing Addres		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 632		The Centre of T				

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN 27 PH 12: 58

HGC DEVELOPMENT GROUP LLC

( <u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records lorida Limited Liability Company)	TALL AHASSTER
The Articles of Organization for this Limited Liabilication for the Limited Liabilication document number. L15000061413	ity Company were filed on 04/08/2015	and assigned
This amendment is submitted to amend the following	ā:	
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 AI	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	P	
New Registered Office Address:	Enter Florida street address	rida

## 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 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>	Address	Type of Action
MGR	Joseph Norman Giovenco	3715 E 7TH AVE	<b>≅</b> Add
		Tampa, FL 33605	□Remove
			Change
			□ Add
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			□Change
	4		🗖 Add
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Signature of a member or authorized representative of a member		une 21	<del>- " "</del>	 1	$\frac{2022}{4}$	<b>A</b>	+					
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Filing Fee: \$25.00