

L15000076449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

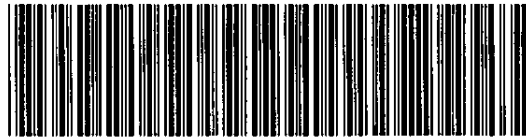
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100272748681

100272748681  
05/18/15--01011--012 \*\*25.00

FILED  
15 MAY 18 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 19 2015  
T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hanover Eagle Pointe 2, 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:

Maria Jiles

Name of Person

Hanover Capital Partners, LLC

Firm/Company

2420 S. Lakemont Avenue, Suite 450

Address

Orlando, FL 32814

City/State and Zip Code

mjiles@hcpland.com

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

For further information concerning this matter, please call:

Stephen Orosz

407 206-9302

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

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

**FILED**  
15 MAY 18 PM 12:20  
TALLAHASSEE, FLORIDA

Hanover Eagle Pointe 2, 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 4/30/2015 and assigned  
Florida document number L15000076449

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	William S. Orosz, Jr.	2420 S. Lakemont Avenue, Suite 4:	<input checked="" type="checkbox"/> Add
		Orlando, FL 32814	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Stephen W. Orosz	2420 S. Lakemont Avenue, Suite 4:	<input checked="" type="checkbox"/> Add
		Orlando, FL 32814	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	John M. Orosz	2420 S. Lakemont Avenue, Suite 4:	<input checked="" type="checkbox"/> Add
		Orlando, FL 32814	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Andrew Orosz	2420 S. Lakemont Avenue, Suite 4:	<input checked="" type="checkbox"/> Add
		Orlando, FL 32814	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**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.

(b) The 90th day after the record is filed.

Dated April 11, 2015

Signature of a member or authorized representative of a member

Stephen Orosz

Typed or printed name of signee