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TILLAHASSEE, FLORIDA

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**3 MASON** 

## COVER LETTER

	stration Section of Corp			
SUBJECT:	HMD III, L			
SUBSECT: _		Name of Limi	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return a	all correspo	ndence concerning this matter t	to the following:	
		Marie Straughn Prisco		
			Name of Person	<del></del>
		Straughn and Turner, P.A.		
			Firm/Company	
		255 Magnolia Ave. SW		
			Address	
		Winter Haven, FL 33880		
		· · · · · ·	City/State and Zip Code	
		rheath@cassidyhomes.com	to be used for future annual report not	ification)
For further int	formation co	oncerning this matter, please ca	·	meanon
Marie Straug	hn Prisco		863 293-1184	
	Name o	Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	e following amount:		
<b>□</b> \$25.00 Fi	ling 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**

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I.	
	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000077330</u> .	were filed on 05/01/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	346 East Central Ave.
	Winter Haven, FL 33880
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	346 East Central Ave.
	Winter Haven, FL 33880
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	, Florida
	, Florida City Zip Code

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	John Scheck	50 Lakewood Causeway	Add
		Winter Haven, FL 33884	Remove
			□ Change
MGR	Warren K. Heath II	346 East Central Ave.	<b>∃</b> Add
		Winter Haven, FL	□ Remove
			Change
			☐ Add
			☐ Remove
			Change
			Add
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Remove  Change  Change  AHLISSEE, FILORIDA  Remove
			STATE Remove
			☐ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	` '
	•
	<del></del>
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n effect ote: If cument	date, if other than the date of filing:
ted	Oct. 9th . 2015
	Signature of a member or authorized representative of a member Signature of a member Sig
	Marie S. Prisco SER N
	Typed or printed name of signce  Page 3 of 3  Page 3 of 3

Filing Fee: \$25.00