

L15000127529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

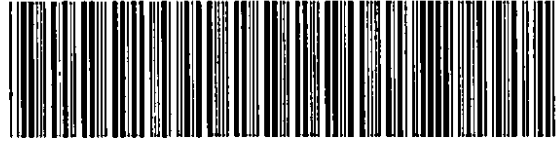
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400316000064

07/20/12--01073--012 **\$60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 20 AM 9:21

N COOPER
JUL 31 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HHMKKL, 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:

Heath Eskalyo

Name of Person

Kelley Kronenberg

Firm/Company

8201 Peters Road, Suite 4000

Address

Ft. Lauderdale, Florida 33324

City/State and Zip Code

heskalyo@kelleykronenberg.com

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

For further information concerning this matter, please call:

Thomas Mersch

954 370-9970
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

HHMKKL, 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 July 27, 2015 and assigned
Florida document number L15000127529.

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 20 AM 9:21

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>
AMBR	Eskalyo, Heath S	8201 Peters Road	<input type="checkbox"/> Add
		Suite 4000	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33324	<input checked="" type="checkbox"/> Change
AMBR	Wander, Howard L	1475 Centerepark Blvd	<input type="checkbox"/> Add
		Suite 275	<input type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change
AMBR	Fichtel, Michael J	8201 Peters Road	<input type="checkbox"/> Add
		Suite 4000	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33324	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 JUL 20 AM 9:21

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 20 AM 9:21

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated July 19, 2018

Heath S Eskalyo

Filing Fee: \$25.00