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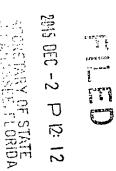
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Articles of A	Name of Limi Mame of Limi mendment and fee(s) are subsidence concerning this matter to	_		
	mendment and fee(s) are subted	nitted for filing.		
	dence concerning this matter	_		
ll correspon	-	to the following:		
	SHARON SWAN			
		Name of Person		
	HUNT REAL ESTATE SE	ERVICES, INC.		
		Firm/Company		
	5100 W KENNEDY BLVI	D #100		
		Address		
	TAMPA, FL 33609			
	SSWAN@HUNTRESCO.	City/State and Zip Code		
	•		port notification)	
ormation co	ncerning this matter, please ca	all:		
VAN		at ()		_
Name of	Person	Area Code	Daytime Telephone Number	
check for the	e following amount:			
ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Certified Copy	Status &
	Name of	TAMPA, FL 33609 SSWAN@HUNTRESCO. E-mail address: (formation concerning this matter, please cannot be presented by the content of the cont	Name of Person HUNT REAL ESTATE SERVICES, INC. Firm/Company 5100 W KENNEDY BLVD #100 Address TAMPA, FL 33609 City/State and Zip Code SSWAN@HUNTRESCO.COM E-mail address: (to be used for future annual reformation concerning this matter, please call: VAN Name of Person Area Code Check for the following amount: ling Fee \$30.00 Filing Fee & Certified Copy	Name of Person HUNT REAL ESTATE SERVICES, INC. Firm/Company 5100 W KENNEDY BLVD #100 Address TAMPA, FL 33609 City/State and Zip Code SSWAN@HUNTRESCO.COM E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: VAN 813 289-5511 Area Code Daytime Telephone Number check for the following amount: ling Fee \$30.00 Filing Fee & \$60.00 Filing Fee

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

HHMS PARTNERS, LLC		
(Name of the Limited Lial (A Flor	pility Company as it now appears on our r rida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 10/19/2015	and assigned
lorida document number L15000177249		
his amendment is submitted to amend the following:	:	
. If amending name, enter the new name of the li	mited liability company here:	
IHMM PARTNERS, LLC		
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	npecc)	****
The pur office dudiess MOST BE A STREET ADI		

nter new mailing address, if applicable:	1900-90-	
Mailing address MAY BE A POST OFFICE BOX)		
If any discount and a second and		
. If amending the registered agent and/or reg	gistered office address on our red Idress here:	cords, enter the name of the
	·	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	addrags
	Enier rioriaa sireei a	juuress
		_, 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 Type of Action **Title** Name **Address** _□ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Remove Change □ Add □ Remove ☐ Change № □ Remove 7 _□ Change $\ddot{\Sigma}$ □ Remove ☐ Change

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ffective date, if other than the an effective date is listed, the date	the date of fill must be specific a	i ng: and cannot be pric	r to date of filing or	more than 90 days	o ptional) after filing) Purs	suant to 605 02
Note: If the date inserted in this	s block does not	t meet the appli	cable statutory fili			
ocument's effective date on the	e Department of	f State's records	3.			
e record specifies a dela	yed effective	date, but n	ot an effective	time, at 12:0	01 a.m. on t	he earlier
The 90th day after the r	record is filed	d.				
NOVEMBER 30TH	$\widehat{}$	2015				
utou	1/	-				
	/ `					u zeren L
	Signature of	a member or auti	norized representativ	ve of a member	<u> </u>	35.4 44.5 14
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Filing Fee: \$25.00

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