L16000025211

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PILED 2020 OCT 21 PH 2: 1 SECRETARY OF STA

12/1/20



COVER LETTER

Division of Corporations
SUBJECT: Hamilton and Phillips 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:
Rachel Santarnes Name of Person
Hamiltoni Phillips
3447 Brook Crossing PR
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachel Sandana at (713) 4/6-1448 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF E

Name of the Limited Liability Comp. (A Florida Limited	11255	. 2000CT 21 PH 2: 14
The Articles of Organization for this Limited Liability Company	v were filed on2	SECRETARY OF STATE
Florida document number $L16000025211$		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Hamilton and Associc The new name must be distinguishable and contain the words "Limited Liab		_
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 agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		. Florida
	City	Zip Code
Now Designated Appetts Construe if shareing Designation Court	_	

New Registered Agent's Signature, it 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date of filing: \(\left(\sigma - 1 \gamma - 2 \sigma \) (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The coord specifies a delayed effective date, but not an effective time, at 12,01 a.m. on the earlier of: (b) The 90th day after the rol is filed. Dated \(\sum_{\text{eff}} \) 1 \(\gamma \) \(\sum_{\text{eff}} \) \(\s						——————————————————————————————————————			
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Filing Fee: \$25.00