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(Re	questor's Name)	
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COVER LETTER

Division of Corp	orations	•	
SUBJECT: HH CR 547	Investors I, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Marie Straughn		
		Name of Person	
	Straughn and Turner, P.A.		
		Firm/Company	
	255 Magnolia Ave.		
		Address	
	Winter Haven, FL 33880		
		City/State and Zip Code	
	mstraughn@straughnturner.c		
	E-mail address: (to	o be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	11:	
Marie Straughn		863 293-1184	
Name of	Person	at () Area Code Daytime '	l'elephone Number
Enclosed is a check for the	e 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:

TO: . Registration Section

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

HH CR 547 Investors I, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	n <mark>any as it now appears on our r</mark> I Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Companion lorida document number L16000039125	y were filed on <u>2/24/2016</u>	and assigned
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	"LLC" or the abpreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		SA W
		<u>u c a ii</u>
Inter new mailing address, if applicable:		STATE OR
Mailing address MAY BE A POST OFFICE BOX)		25 DA
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street e	address
	City	_, Florida Zip Code
	City	Zip Coae

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>	Address	Type of Action
MGR	Warren K. Heath, II	346 E Central Ave	⊒ Add
		Winter Haven, FL 33880	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
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ctive date, if other than the effective date is listed, the date in this iment's effective date on the	block does not me	et the applicable s	e of filing or more than statutory filing requi	(optional) 190 days after filing.) Prements, this date w	ursuant to 605.02
record specifies a delay ne 90th day after the re	ed effective da ecord is filed.	te, but not an	effective time,	at 12:01 a.m. or	the earlier
October 26th		2016			200
Maria	Signature of amo	mber or authorized	Thorizal representative of a mo	Ventesen	西加州
	•			771-C	

Page 3 of 3

Filing Fee: \$25.00