

6/10/2020

Kim Tadlock 8004323622

(02/05) 06/10/2020 10:02:23 AM

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000175342 3)))



H200001753423ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOME ENCOUNTER LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

V. S. J. KEE

JUN 10

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

H20000175342 3

HOME ENCOUNTER, 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 MARCH 18, 2016 and assigned
Florida document number L16000054003.

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)

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

H20000175342 3

H20000175342 3

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>
MGR	ANDREW PROPST	263 W 38th St, Penthouse, 18th Floor	<input type="checkbox"/> Add
		New York, NY 10018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN D. HIRSCHFELD	263 W 38th St, Penthouse, 18th Floor	<input type="checkbox"/> Add
		New York, NY 10018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HRG MANAGEMENT, LLC	c/o Home River Group, 12906 Tampa Oaks Blvd	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Temple Terrace, FL 33637	<input type="checkbox"/> Change
President	BRAD VAN ROOYEN	c/o Home River Group, 12906 Tampa Oaks Blvd	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Temple Terrace, FL 33637	<input type="checkbox"/> Change
SVP, Sec	JOSHUA D. SMITH	c/o Home River Group, 12906 Tampa Oaks Blvd	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Temple Terrace, FL 33637	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H20000175342 3

H20000175342 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JUNE 9, 2020

~~Signature of a member or authorized representative of a member~~

BRAD VAN ROOYEN, PRESIDENT

Typed or printed name of signee