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Division of Corporations

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: (850)617-6383

From:

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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 HEPS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME ENCOUNTER HEPS, LLC (Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.)	
(A Florida Limited Liabilii	iy Company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L16000054020</u> .	e filed on MARCH 18, 2016 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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:	27.7	
(Mailing uddress MAY BE A POST OFFICE BOX)		
	At use	:
	· ~	:
B. If amending the registered agent and/or registered office addressed and/or the new registered office address here:		sterec
		أمسيه
Name of New Registered Agent:		_
New Registered Office Address:		
THE TAXABLE PARTY OF THE PARTY	Enter Florida street address	
	, Florida City Zip Code	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perpaccept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office addressmany has been notified in writing of this change.	formance of my duties, and I am familiar with and pided for in Chapter 605, F.S. Or, if this document	а

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
MGR	ANDREW PROPST	263 W 38th St, Penthouse, 18th Floor	□Add
		New York, NY 10018	Remove
			□ Change
MGR	JOHN D. HIRSCHFELD	263 W 38th St, Penthouse, 18th Floor	□Add
		New York, NY 10018	ERemove
			□ Change
AMBR	HRG MANAGEMENT, LLC	c/o Home River Group, 12906 Tampa Oaks Blvd	= Add
		Suite 100	□ Remove
		Temple Terrace, FL 33637	Change
President	BRAD VAN ROOYEN	c/o Home River Group, 12906 Tampa Oaks Blvd	🗃 Add
		Suite 100	□Remove
		Temple Terrace, FL 33637	Change
SVP, Sec	JOSHUA D. SMITH	c/o Home River Group, 12906 Tampa Oaks Blvd	= Add
		Suite 100	□Remove
		Temple Terrace, FL 33637	Change
			□ Add
			□ Remove
			Change

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		Guttana D	
Note: If the date inserted in thi	the date of filing: must be specific and cannot be prior to a s block does not meet the applicable c Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605 is statutory filing requirements, this date will not be list	5.0207 (3)(b ed as the
f the record specifies a delayed efferecord is filed.	ctive date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated	2020		
	Signature of a member or authorize	ed representative of a member	
BRAD VAN ROOY	'EN, PRESIDENT		
<u></u>	Typed or printed a	uma of slanes	

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