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SECREMENT OF STATE

AUG 2 3 2018 T. LETPEUK

COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
SUBJECT: HAMILTON REALTY MANAGEMENT C
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Miccle Woodall - Hamilton Name of Person Hamilton Realty Management C Firm Company
S315 WAR ADMIRAL DR. Address Wesley Charl F 33544 City/State and Zip Codd NICCLE - WOODA (@ Not Mail-Cam
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vicile Woodall Hamilton au 813, 731 0006
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigsim \$30.00 Filing Fee \& Certificate of Status \$\Bigsim \text{Certified Copy} (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status \& Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF FILED HAMILTON REALTY MANAGEMENT, STUPANS (Name of the Limited Liability Company as It Now appears on any restored)
HAMILTON REALTY MANAGEMENT STOP AND (Name of the Limited Liability Company as It flow appears on any records) 9 (Name of the Limited Liability Company) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
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 "L.L.C." 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
New Registered Agent's Signature, if changing Registered Agent:
Thereby 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

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>Title</u>	Name	Address	<u>Туре о</u>
MGR	Nicole Goodal	5515 WAR Admired D	<u>/_</u> □ Ad
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			X Chi
MGR	Nicole Woodau-Hami	LTON	
		5315 WAR Admid Dr	□ Rer
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lf an ei <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	Aug 8, 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00