L16000231905

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	· -
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COVER LETTER

Div	ision of Cor	porations		
, SUBJECT:	Hamlet Ho	ldings, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Julia J. McKee, Esq.		
			Name of Person	
			Firm/Company	
•		P.O. Box 3302		
•		Seminole, FL 33775	Address	
		julia@jmckeelaw.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further ir	iformation c	oncerning this matter, please ca	all:	
Julia J. Mch			727 266-5783 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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:

Registration Section

TO:

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

Hamlet Holdings, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)	***************************************
The Articles of Organization for this Limited Liability Company Florida document number L16000231905	were filed on 12/27/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SE SEA
(Principal office address MUST BE A STREET ADDRESS)		AUG OHE
		23
•		AM SPOR
Enter new mailing address, if applicable:		₹
(Mailing address MAY BE A POST OFFICE BOX)		7.5 10 Kilon
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		enter the hame of the he
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is
If Char	ging Registered Agent, Signature of I	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>	<u>Address</u>	Type of Action
John Tzezairlidis MGR	John Tzezairlidis	P.O. Box 341047 Tampa, FL 33634	≅ Add
			□ Remove
			☐ Change
			Add
			Remove
-			Change
·			□ Add
			□ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

. If amending any other informat	ion, enter change(s) here: (Attach additional shee.	ts, if necessary.)
· ·		
-		
		
		SECRE IVISION 18 AUG
-		AM I
		.54
. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or more than 90 ock does not meet the applicable statutory filing requirer	(optional) Odays after filing.) Pursuant to 605.0207 (inents, this date will not be listed as the
the record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at ord is filed.	12:01 a.m. on the earlier of:
Dated August 20	2018	
	Signature of a member or authorized representative of a memb	per
Julia J. McKee, ESG	,	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00