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(Requestor's Name) (Address) (Address)	800297674338
(City/State/Zip/Phone #)	04/14/1701014016 **25.00
Certified Copies Certificates of Status Special Instructions to Filing Officer: \mathcal{P} 3	FILED 17 APR 25 PH 1: 18 SECRE LARY OF STATE TALLAHASSEE. FLORIDA
Office Use Only	
	S Warren

APR 2 6 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2017

EVELYN PARKES 420 CLEMATIS STREET, 2ND FLOOR WEST PALM BEACH, FL 33401

SUBJECT: HYDRANGEA REALTY LLC Ref. Number: L17000038715

We have received your document for HYDRANGEA REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING PAGE 3 WITH SIGNATURE

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 117A00007446

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT ame of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Velza Partes Name of Person Tirm/Company City/State and Zip Code USCADA - COM used for future annual report notification) E-mail addr

For further information concerning this matter, please call:

ES at (

Enclosed is a check for the following amount:

25.00 Filing Fee

Certificate of Status

Certified Copy (additional copy is enclosed) ES60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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 A	•	
FO ARTICLES OF ORGANIZATION OF		
HUCIEANGER Realty LSC (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 $\frac{2}{17}\frac{2067}{2067}$ and assigned Florida document number $\frac{1}{17}\frac{70275}{2875}\frac{2875}{2875}$.		
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 "LLC."		
Enter new principal offices address, if applicable:	Go EVELYO 7 4254KES	
(Principal office address MUST BE A STREET ADDRESS)	1/20 CLEMATRS ST. Zal +1.	
	W. P. B, 71. 33/91	
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: EVELY	NF. PARKES	
New Registered Office Address: 420 C	Enter Florida street address	
W.P.B	<u>A</u> , Florida <u>334</u> D1 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title Name Address Type of Action 33401 S. OLIVE AVE WPB. AMBR <u>Aladeleine</u> 70/ Remove Change EVELIN 7. PURKS OFA, PA HOOCLEMATIS ? GI. WEST PARKS PALIN BEACH, 71.33 Add 23401 C Remove Change Rence Toube 500 A - D Add E Remove □ Change LAUREDS TOPE AMBR 🗖 Add Remove 🗖 Change PALM BEORD Res 🗆 Add Teas STE 630 Remove Change Page 2 of 3 œ

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

÷ and an or the second ٠ . 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 ignature of a member or authorized representative of a member EVELYN F PARKES CPA Typed or printed name of signee • .

Page 3 of 3

Filing Fee: \$25.00