

L17000092133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

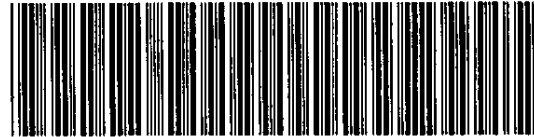
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700302282447

700302282447
08/09/17--01001--007 **35.00

FILED
17 AUG 17 AM 11:49
TALLAHASSEE, FLORIDA

AUG 18 2017

Y SULKER

17 AUG -8 PM 1:13

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2017

ANDREW J OROSZ, ESQ
605 COMMONWEALTH AVENUE
ORLANDO, FL 32803

SUBJECT: HANOVER FAMILY BUILDERS, LLC
Ref. Number: L17000092133

We have received your document for HANOVER FAMILY BUILDERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 417A00016371

RECEIVED
2017 AUG 17 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hanover Family Builders, LLC
Name 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:

Andrew Orosz
Name of Person
Hanover Capital Partners, LLC
Firm/Company
605 Commonwealth Avenue
Address
Orlando Florida 32803
City/State and Zip Code
am orosz@hepland.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Orosz at (407) 988 1403
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing 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)

✓ Previously submitted per attached correspondence

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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hanover Family Builders, 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 Apr: 125, 2017 and assigned Florida document number L17000092133

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

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> |
|--------------|-------------------|----------------------|---|
| AMBR, MGR | Stephen Orosz | 605 Commonwealth Ave | <input checked="" type="checkbox"/> Add |
| | | Orlando FL 32803 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR, MGR | J. Matthew Orosz | 605 Commonwealth Ave | <input checked="" type="checkbox"/> Add |
| | | Orlando FL 32803 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Andrew J. Orosz | 605 Commonwealth Ave | <input checked="" type="checkbox"/> Add |
| | | Orlando FL 32803 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | William C. Franks | 605 Commonwealth Ave | <input checked="" type="checkbox"/> Add |
| | | Orlando FL 32803 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

17 AUG 17 AM 11:49
OFFICE OF THE
ATTORNEY GENERAL
TALLAHASSEE, FL 32304

FILED

GENERAL INVESTIGATIVE
DIVISION
FALL AID SSE: FLORIDA

FILED

17 AUG 17 AM 11:49

FEDERAL BUREAU OF INVESTIGATION


MILWAUKEE, WISCONSIN

(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)

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 August 15, 2017.


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Andrew Orosz

Typed or printed name of signee