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(Re	questor's Name)		
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(Cit	y/State/Zip/Phone	e #)	
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(Document Number)			
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SECRETARY OF STATE
TALLAHASSEE, FI



RECEIVED

2022 JUN 27 PH 12: 14

Letter Number: 622A00010644

Division of Corporations TALLAR A SSEE, FU

May 9, 2022

ROBERT HOHMANN 22128 RED JACKET LANE LAND O LAKES, FL 34639

SUBJECT: ROBERT HOHMANN, LLC

Ref. Number: L17000115963

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

In order to change the name of your entity, please complete the enclosed Amendment form.

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) 245-6050.

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

CR2E062 (9/15)

Registration Section

Division of Corporations Robert Hohmann LLC name change SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Hohmann Name of Person Robert Hohmann LLC Firm/Company 22128 Red Jacket Lane Address Land O' Lakes, FL 34639 City/State and Zip Code Robh@bmthealth.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: carmel hohmann Daytime Telephone Number Name of Person **Street Address:** Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □\$55 Filing Fee & ■\$25 Filing Fee □ \$30 Filing Fee & □ \$60 Filing Fee, Certificate of Status **Certified Copy** Certificate of Status & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED.

	Holymann Lh CORUNN 27 PH 6:55
(Name of the Limites	Highlity Company as it now appears on Our coords.
(r	I Liability Company as it now appears on SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Lia	
Florida document number <u>L17000115</u>	L f
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
	agment 11e
The new name must be distinguishable and contain the wo	rd. Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u></u>
D. If amonding the registered agent and/or re	gistered office address on our records, enter the name of the new register
agent and/or the new registered office address	s here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida Zip Code
	— 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 a 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□ Add
			□Remove
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Note	ive date, if other than the date of filing:
he reco	d 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 led.
-Dated	=, le/12/22) A
	Signature of a member or authorized representative of a member