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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STAIL
AHASSEE, FLUMIDA

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COVER LETTER

	istration Se ision of Co			• •
SURIFCT:	H & L Pa	rtners, LLC		
JOBSECT		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Patricia J Visconti		
			Name of Person	
		H & L Partners, LLC		
			Firm/Company	
		4917 Hidden Springs Blvd.		
			Address	
		Orlando, Fl. 32819		
		pvisconti@granderealtygrou	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation c	concerning this matter, please co	all:	
Patricia J V	isconti		407 234-8426	
	Name o	t Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	he 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 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

H & L Partners, LLC			
(Name of the Limited Liahility Compan (A Florida Limited Li	ny as it now appears on our records.) iability Company)		
the Articles of Organization for this Limited Liability Company value of Organization for this District of Organization for this Limited Liability Company value of Organization for this District of Organization for Organiza	were filed on 1/29/2018	and assigne	: d
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabil	lity company here:		
ne new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the ab		
nter new principal offices address, if applicable:		18 [SEC	
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	η
		SS O F	-
		Ta 👱 🚶	П
nter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		200 F	
		·	
B. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here: Name of New Registered Agent:		the name of t	<u>he</u>
New Registered Office Address:	Enter Florida street address		
	, Florida	Zin 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>	Type of Action
MGR	Erin Hudson	4917 Hidden Springs Blvd. Orlando, Fl. 32819	
			Add
			□ Remove
			□ Change
· 			
			Remove
			☐ Change
			□ Add
			— A Remove¶
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			Change TO SALE
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ective date, if other than the date of filing:	(optional) g or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	
Patricia J Visconti	
$\bigcirc\bigcirc\bigcirc\bigcirc$	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00