## L18000/67855

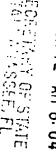




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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: H	idNen Groves Ha	omes LhC nited Liability Company	
		, ,	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	1		
	CassieLa	Name of Person	
	South W	altan haw	
		rirm/Company	
	Unit 6/01,30	1468 Emerald Can	184 PKNy
	Dastin, FL	32541 City/State and Zip Code	<u> </u>
	<u>Cassie as</u> E-mail address: (	· · · · · · · · · · · · · · · · · · ·	SM /
For further information	concerning this matter, please or		•
_Cassie	Long	at ( <b>#830</b> ) 502 - 6	6318
isane	or Legon	Area Code Daytimo	: 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)

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.

(Name of the Limited Liability Compa (A Florida Limited)	nes, hh	<u>C</u>		
(A Florida Limited)	Liability Company)	(S on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on _z	1/11/18	and as	ssigned
Florida document number <u> </u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company h	ere:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the c	designation "LEC" or the	he abbreviation "l	L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			- <u>京田</u>	2019
				<u> </u>
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	20-4 500.4	<u>≥</u> :::
			<del></del>	<u>≖</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>en</u>	ter the manne	
Name of the state				
Name of New Registered Agent: // TV				
New Registered Office Address:	Process Physics	rida street address	-	<del></del>
	r,mer r to.			
	City	Florida	Lur Code	<del>,                                      </del>
New Registered Agent's Signature, if changing Registered Agent:	•			
I hereby accept the appointment as registered agent and agr		canacity. I further	agree to com	iply 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>	Name	Address	Type of Action
AMBRIAR	Kruin T. Robertson	15 Country Club Dr. West	
		Dostin, Ft 1254/	Remove
		- 4100 Lesendary Dr	_ 🗆 Change
		5te 246	
		Desti. FL 32541	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			_□ Add
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	-	·	□ Add
			_□ Remove
			Change
			_□ Add
			_□ Remove
			□ Chance

(If an et <u>Note:</u>	tive date, if other than the date of filing: 6/5/19 (optional) Tective 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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	6/5/19
	Signature of amember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00