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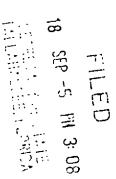
(Re	equestor's Name)	
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COVER LETTER

Divis	ion of Cor	porations		
SUBJECT:	HHBB Proj	perties III, LLC		
sebaner		Name of Lim	ited Liability Company	
The enclosed a	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ill correspo	ndence concerning this matter	to the following:	
		Nathan P. Sycks, Esq.		
			Name of Person	
		McManamy McLeod Hello	er, LLC	
			Firm/Company	
		11525 Haynes Bridge Roa	d. Suite 250	
			Address	
		Alpharetta, GA 30009		
		nathan@mmhfirm.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report notif	ication)
For further inf	ormation e	oncerning this matter, please ca	all:	
Nathan P. Syc	iks		404 442-6603	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a c	check for th	ne following amount:		
■ \$25.00 Fil	ing 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

TO:

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

HHBB Properties III, LLC		
(Name of the Lim	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	August 20, 2018 and assigned
Florida document number L18000198077		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company," (he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	6
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address	on our records, enter the name of the
Name of New Registered Agent:	Joey Sisselman	9.
New Registered Office Address:	1107 16th St N	
	Enter	Florida street address
	Jacksonville	, Florida 32250
	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 Charging/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>	Address	Type of Action
MGR	Adam Sissleman		
		1600 Reindeer Ridge, Alpharetta, GA 30005	■ Remove
			□ Change
MGR	GR Adam Sisselman	1600 Reindeer Ridge, Alpharetta. GA 30005	■ Add
			□ Remove
			Change
MGR	GR Jessica Sissleman		
		1600 Reindeer Ridge, Alpharetta, GA 30005	■ Remove
			☐ Change
MGR	Jessica Sisselman	1600 Reindeer Ridge, Alpharetta, GA 30005	
			☐ Remove
			Change
			Remove
			□ Remove
			☐ Change

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ffective date, if other than the da	te of filing:		(opt	ional)
an effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be priced one of the specific and cannot the applications.	or to date of filing or mo cable statutory filing	e than 90 days afte requirements, th	er filing.) Pursuant to 605.020 is date will not be listed a
ocument's effective date on the Depa	rtment of State's record	S.		
	ffactive data but a	at an officialism time	ma at 12,01	n m on the carlier of
e record specifies a delayed e The 90th day after the record		ot an enective th	ne, at 12:01	a.m. on the earlier t
ated	2018	·		
	Jessica S	Signoline.		
Sig	mature of a member or aut	horized representative of	f a member	

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Filing Fee: \$25.00