

L18000245096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

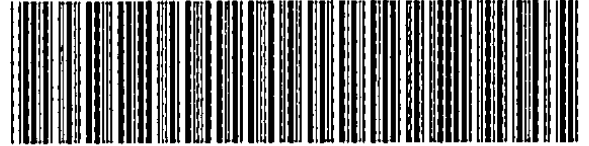
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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22

TOMMY D. PERMENTER, JR.



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(352) 622-1811
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EMAIL

TOMMY@PERMENTERLAW.CO

BELLWETHER PROFESSIONAL PARK
2201 S.E. 30TH AVENUE, SUITE 202
OCALA, FLORIDA 34471

December 15, 2020

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: HSB Rental, LLC
Articles of Amendment to Articles of Organization

Ladies and Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization of HSB Rental, LLC for filing.

Also, enclosed is my client's check in the amount of \$55.00 representing the filing fee and certified copy fee; an additional copy of the filing is enclosed for certification.

Thank you for your assistance in this matter. If you have any questions, please let me know.

Sincerely,

THE PERMENTER LAW FIRM, P.A.

Tommy D. Permenter, Jr.

TDP/am
Enclosures

FILED
2020 DEC 17 PM 2:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSB Rental, 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:

Tommy D. Permenter, Jr., Esquire

Name of Person

The Permenter Law Firm, P.A.

Firm/Company

2201 S.E. 30th Avenue, Suite 202

Address

Ocala, Florida 34471

City/State and Zip Code

Tommy@Permenterlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tommy D. Permenter, Jr., Esquire

352

622-1811

at ()

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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 DEC 17 PM 2:37

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HSB Rental, 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 October 18, 2018 and assigned
Florida document number L18000245096.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HSB Starfish, LLC

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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
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_____	_____	_____	☐ Change
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_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change

2020 DEC 17 PM 2:57
STATE
SECRETARY OF STATE
FLORIDA

FILED
2020 DEC 17 PM 2:37
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF NEW YORK

FILED
2020 DEC 17 PM 2:37
CLERK OF DISTRICT COURT
JANUARY 1997

(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 (

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 11/27, 2020

Barbara J. Hine
Signature of a member or authorized representative of a member

Barbara J. Trice Barbara Trice
Typed or printed name of signee