

L19000051882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED

2019 MAR 18 PM 5:56

STATE OF MISSISSIPPI

C. GOLDEN

MAR 27 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HNL3

\_\_\_\_\_  
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:

Eric Wilson

\_\_\_\_\_  
Name of Person

HNL3 LLC

\_\_\_\_\_  
Firm/Company

7523 39th Avenue East

\_\_\_\_\_  
Address

Palmetto/FL 34221

\_\_\_\_\_  
City/State and Zip Code

eric@thesportsarena1.com

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

For further information concerning this matter, please call:

Eric Wilson

\_\_\_\_\_  
Name of Person

941

536-1153

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FILED**

HNL3 LLC

2019 MAR 18 PM 5:56

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on February 21st, 2019 and assigned  
Florida document number L19000051882.

This amendment is submitted to amend the following:

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

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>                   |
|--------------|-----------------------|---|---|
| COO          | Christopher M. Settle | 6051 Medici Court Apt. 310<br>Sarasota FL 34243 | <input checked="" type="checkbox"/> Add |
|              |                       |   | <input type="checkbox"/> Remove         |
|              |                       |   | <input type="checkbox"/> Change         |
|              |                       |   | <input type="checkbox"/> Add            |
|              |                       |   | <input type="checkbox"/> Remove         |
|              |                       |   | <input type="checkbox"/> Change         |
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|              |                       |   | <input type="checkbox"/> Add            |
|              |                       |   | <input type="checkbox"/> Remove         |
|              |                       |   | <input type="checkbox"/> Change         |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 14th, 2019

Eric C. Wilson

**Filing Fee: \$25.00**