

419000121593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

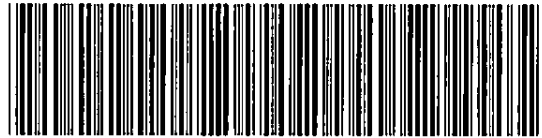
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hideaway Hammock Real Estate, 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:

Bruce R Abernethy, Jr

Name of Person

Bruce R Abernethy, Jr PA

Firm/Company

130 S Indian River Dr, #201

Address

Fort Pierce, FL 34950

City/State and Zip Code

babernethy@bruceapa.com

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

For further information concerning this matter, please call:

Bruce R Abernethy, Jr

772
at ()

489-4901

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

SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hideaway Hammock Real Estate, 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 9/3/2019 and assigned
Florida document number L19000121593.

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)

28 Broad St., #201

Marlborough, MA 01752

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

28 Broad St., #201

Marlborough, MA 01752

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:

Bruce R Abernethy, Jr

New Registered Office Address:

130 S Indian River Dr, #201

Enter Florida street address

Fort Pierce

Florida 34950

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

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SEP 12 PM 12
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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>
MGR	Joanne C Humphries	7449 Carlton Road	<input type="checkbox"/> Add
		Port St. Lucie, FL 34987	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fred L. Humphries	7447 Carlton Road	<input type="checkbox"/> Add
		Port St. Lucie, FL 34987	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	April K. Hall	28 Broad St., #201	<input checked="" type="checkbox"/> Add
		Marlborough, MA 01752	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Charles Stewart	509 Whites Mill Road	<input checked="" type="checkbox"/> Add
		Maryville, TN 37803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 APR 12 11:54:12
STATE OF FLORIDA
SPECIAL SERVICES
TALLAHASSEE, FL


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[illegible]

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 April 8 2024

April 8, 2024


Signature of a member or

Signature of a member or authorized representative of a member

April H. Hall, as Manager of Humphries Management, LLC being the sole General Partner of Humphries Family Partnership, Ltd., as the sole member

Filing Fee: \$25.00