

# LI9000135546

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

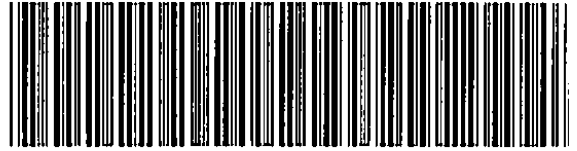
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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19 JUL -1 PM 12:09

*Amend/ name ch*

JUL 13

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HM INVESTMENTS FL, 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:

JOHNNY A HODGSON

Name of Person

HMP INVESTMENTS FL, LLC.

Firm Company

6700 NW 27TH AVE, # 471674

Address

MIAMI, FLORIDA 33247

City/State and Zip Code

HMPIFLL@GMAIL.COM

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

For further information concerning this matter, please call:

JOHNNY A HODGSON

305

298-3279

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

19 JUL - 1 PM 12:09

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HM INVESTMENTS FL, 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 MAY 20, 2019 and assigned  
Florida document number L19000135546.

This amendment is submitted to amend the following:

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

HMP INVESTMENTS FL, 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:

SAME - NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

8700 NW 27TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

# 471674

MIAMI, FLORIDA 33247

**B. If amending the registered agent and/or registered office address on our records, enter the name of the  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SAME - NO CHANGE

New Registered Office Address:

Enter Florida street address

City

Florida

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
PRES	FRITZ G. PIERRE JR.	6700 NW 27TH AVE, # 471674	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33247	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	JOHNNY A HODGSON	6700 NW 27TH AVE, # 471674	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33247	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
PRES	THADDEUS MOORE	6700 NW 27TH AVE, # 471674	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33247	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

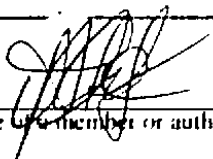
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 605.020

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(a) The date specified in the record.  
(b) The 90th day after the record is filed.

Dated JUNE 12 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOHNNY A HODGSON

\_\_\_\_\_  
Typed or printed name of Signee