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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2020

JOSEPH H BROWN, ESQ. BLOUNT LAW, PL 809 WALKERBILT ROAD, SUITE 6 NAPLES, FL 34110

SUBJECT: HNS FLORIDA BUILDING, LLC

Ref. Number: L19000287411

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

MAR 3 ! RECO

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 320A00006406

COVER LETTER

	Registration Se Division of Cor		·				
CUD IC		LIDA BUILDING, LLC					
SUBJEC	-l:	Name of Lim	ited Liability Company				
The	and Adialas af	A	missad for filing				
		Amendment and fee(s) are sub indence concerning this matter					
		Joseph H Brown, Esq.					
			Name of Person				
		Blount Law, PL					
			Firm/Company	-			
		809 Walkerbilt Road, Suit	e 6				
			Address				
		Naples, FL 34110					
			City/State and Zip Code				
		mloeffler@alluretax.com	•				
		E-mail address:	to be used for future annual report no	tification)			
For furt	her information o	oncerning this matter, please o	ali:				
Joseph	H Brown		239 5924815 at ()				
	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclose	d is a check for ti	ne following amount:					
≘ \$2 5	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address Registration		<u>Street Address:</u> Registration S	ection			
	Division of C		Division of Co				
	P.O. Box 632		The Centre of				
	Tallahassee,	FL 32314	2415 N. Monn	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HNS FLORIDA BUILDING, LLC				
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number L19000287411	ability Company	were filed on	9/2019	_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	(Name of the Limited Liability Company) (A Florida Limited Liability Company here: (A Florida Limited Liab			
The new name must be distinguishable and contain the we	rds "Limited Liabil	ity Company," the desi	gnation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		3665 Bonita Beach	h Road, Suite 1-3	n. 3
(Principal office address MUST BE A STREET	ADDRESS)	Bonita Springs, Fl	J 34134	020
			· · · · · · · · · · · · · · · · · · ·	. P
Enter new mailing address, if applicable:		3665 Bonita Beacl	h Road, Suite 1-3	20
(Mailing address MAY BE A POST OFFICE B	ox)	Bonita Springs, FL	. 34134	= =
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office a here:	ddress on our reco	ords, <u>enter the name of</u>	the new registered
Name of New Registered Agent:	Allure Accounti	ng, Inc.		
New Registered Office Address:	3665 Bonita Bea	ach Road, Suite 1-3		
		Enter Florida	street address	
	Bonita Springs			
		City	2	Tip 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AR	Laura Hansen	3665 Bonita Beach Road, Suite 1-3	
		Bonita Springs, FL 34134	
			■Change
			OAdd
			□ Remove
			Change
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			☐ Change
			□Add
			□Remove
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f ame	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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iote:	ve date, if other than the date of filing:
record I is file	I 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
ated	25th of February , 2010.
	Signature of a member of authorized representative of a member
	LAURA HANSEN Typed or printed name of signee

10 to 100 to

Filing Fee: \$25.00