L20000089725

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CORPORATE ACCESS, _

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236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN
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	CERTIFIED COPY
X	РНОТОСОРУ
	CUS
X	FILING LLC Amend
1.	HEP 727, LLC
	(CORPORATE NAME AND BOCUMENT #)
2.	(CORPORATE NAME AND DOCUMENT #)
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3.	(CORPORATE NAME AND DOCUMENT #)
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	(CORPORATE NAME AND DOCUMENT #)
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	(CORPORATE NAME AND DOCUMENT #)
6.	(CORPORATE NAME AND DOCUMENT #)
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SPECIA	AL INSTRUCTIONS:

COVER LETTER

TO: Registration Se Division of Cor			
HFP 727, I SUBJECT:	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	<u>-</u>	
	ROBERT SALTSMAN		
		Name of Person	
	ROBERT P. SALTSMAN	I, P.A.	
		Firm/Company	
	P.O. BOX 2146		
		Address	
	Winter Park, Florida 3279	0	
	JUDY@SALTSMANPA.C	City/State and Zip Code COM (to be used for future annual report not)	fication)
For further information c	oncerning this matter, please o	all:	
ROBERT SALTSMAN		407 647-2899	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	\mathcal{A}	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUN -8 AH 7: 33

HFP 727, LLC		<u>-</u> .
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L20000089725	Company were filed on MARCH 25, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
HFP 723, LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		<u></u> -
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		<u>he new registe</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zi _L	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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
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(optional) te of filing or more than 90 days after filing.) Pursuant to 605.0207 (statutory filing requirements, this date will not be listed as t
at 12:01 a.m. on the earlier of: (b) The 90th day after the
1,
representative of a member