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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	Î





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Law Office of Donald Isaac, Esq., LLC 5237 Summerlin Commons Blvd., Stc. 310 Fort Myers, Florida 33907 (239)275-2200

June 10, 2021

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Amending Articles of Organization

To Whom It May Concern:

Please find enclosed the form to amend the Articles of Organization for H B and FOUR LLC document #L20000274129. My daytime phone number and mailing address is above.

I have also enclosed a check in the amount of \$38.00 for the filing fee and certificate of status.

Thank you for your assistance. If you have any questions, please do not hesitate to contact me.

Sincerely,

Donald Isaac, Esq.

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	FOUR LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DONALD ISAAC		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	LAW OFFICE OF DONA	LD ISAAC	
		Firm/Company	
	5237 SUMMERLIN COM	IMONS BLVD	
		Address	
	FORT MYERS FLORIDA	x, 33907	
		City/State and Zip Code	
	disaac@donaldisaaclaw.c	com to be used for future annual report no	otitication)
For further information c	oncerning this matter, please c		
Donald Isaac		239 2750-2200)
Name o	f Person	at ()	ime Telephone Number
Enclosed is a check for th	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		Street Address: Registration S	Section
Division of C	orporations	Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee, I	FL 32314	2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H B AND FOUR	RLLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on SEPTEMBER 02, 202	20	_and assigned	
Florida document number 1.20000274129				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbrev	riation "L.L.C."	
nter new principal offices address, if applicable: 4911 MAJORCA PALMS DRIVE		<u>- '</u>	20	
(Principal office address MUST BE A STREET ADDRESS)	FORT MYERS FLORIDA 33905	[-	. 121	
			<u> </u>	
				
Enter new mailing address, if applicable:	N/A	· -	A.	
Mailing address MAY BE A POST OFFICE BOX)		<u></u>	ب	
		10T.	50	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of	the new regist	
Name of New Registered Agent:	N/A			
New Registered Office Address:	Enter Florida street address			
	, Ftorida			
	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>	Type of Action
MGR	CRAIG HEWITT	4911 MAJORCA PALMS DR. Fort Myers, FL. 3390	
			_ □Remove
			□Change
			□Add
			Remove
			9. Remove
			□Add
			□Remove
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			_ □Remove
			□Change □Add
			□Remove
			□Change

NO other changes.			
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ctive date, if other than the date of effective date is listed, the date must be speci	filing:	(option	al)
If the date inserted in this block does	s not meet the applicable statutory f	iling requirements, this d	ate will not be lis
ment's effective date on the Departmen	nt of State's records.		
	60 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		TI 00.1 1 C
ord specifies a delayed effective date, b filed.	ut not an effective time, at 12:01 a.	m. on the earlier of: (b)	rne yoth day afte
JUNE 9TH	. 2021		
	Wine L	· j.	