

10/3/2024 4:06PM

Division of Corporations

No. 2072 P. 1

**L21000047888**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
H24000335261  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : PAVESE LAW FIRM  
Account Number : I20130000057  
Phone : (239)334-2195  
Fax Number : (239)332-2243

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: michaellehner@pavese-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HMLBROSLEHIGH LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

FILED  
2024 OCT -3 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2024 OCT -3 PM 4:32

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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OCT 04 2024

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## COVER LETTER

TO: Registration Section  
Division of Corporations

H24000335261

SUBJECT: HMLBROSLEHIGH 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:

Michael P. Lehnert, Esq.

Name of Person

Pavese Law Firm

Firm/Company

1833 Hendry Street

Address

Fort Myers, FL 33901

City/State and Zip Code

michaellehnert@paveselaw.com

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

For further information concerning this matter, please call:

Michael Lehnert

at (239)

841-0849

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

H24000335261

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H2 4000 335261

HMLBROSLEHIGH 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 01/26/2021 and assigned  
Florida document number L21000047888.

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

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

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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>	<u>Type of Action</u>
AMBR	Lowell, Harvey M.	12995 S. Cleveland Ave., #138	<input type="checkbox"/> Add
		PBS 34	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33907	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

If the record 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 record is filed.

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Typed or printed name of signee

H24 000335261

**Filing Fee: \$25.00**