LZ1000264194

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A. BUTLER NOV 2 2 2021

COVER LETTER

	istration Se ision of Cor			
SUBJECT:	HAMM RE	SIDENCES, LLC		
		Name of Lir	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return	all correspo	ndence concerning this matter	r to the following:	
		Dalila Vazquez		
			Name of Person	
		Florida Secured Title		
			Firm/Company	
		2600 S. Douglas Rd. Suit	305	
			Address	
		Coral Gables, FL 33134		
		dalila@floridasecuredtitle.c	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	theation)
For further inf	formation co	ncerning this matter, please c	all:	
Dalila Vazquo	:z		305 495-1930 at ()	
	Name of	Person		ne Telephone Number
Enclosed is a c	theck for the	following amount:		
■ \$25.00 Fil	ling 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)
	ng Address: stration Sc		<u>Street Address:</u> Registration Se	etion
Division of Corporations			Division of Cor	
	Box 6327		The Centre of T	allahassee
rana	ihassee, FI	232314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HAMM RESIDENCES, LLC

2021 HOY -9 PH 4: 32

(<u>Name of the Limited Liab</u> (A Flori	<u>ility Company as it now appears on our</u> da Limited Liability Company)	records.) STATE
The Articles of Organization for this Limited Liability Florida document number L21000264194	Company were filed on 06/07/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our records, :	enter the name of the new registered
Manie of New Registered Agent.		
New Registered Office Address:	Enter Florida street	t velding.
	City	Florida
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this capacit complete performance of my dut agent as provided for in Chapter red office address, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	BIANCA ZIEGLER	1532 DREXEL AVE, UNIT 303	□Add
		MIAMI BEACH, FL 33139	□Remove
			■ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□ Add
			Remove
			□Add
			□Remove

If amending any other informa				
				
				
				
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				·· ·
			 	
		 		
				
			 	
		,		
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be prior ock does not meet the application.	ible statutory filing requ		
document serrective date on the D	spartment of State 8 records.			
he record specifies a delayed effective ord is filed.	e date, but not an effective tii	me, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated August 05	, 2021	<u>_</u> .		
(lllan	Signature of a member or autho	rized representative of a m	ember	_
n e .! . !.				
Ragnar Schulte		d name of signee		_

1 ...

Filing Fee: \$25.00