## 122000003181

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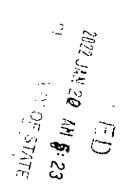
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A. RIVERS

JAN 3 1 2022



## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

Н&М Вас	k 40, LLC		
SUBJECT:	Monte of Car	nited Liability Company	
	Name of Lin	шео главину Сотрану	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Richard L. Brooks II, Esq.		
	St. Augusitne Law Group.	Name of Person P.A.	
		Firm/Company	<del></del>
	2740 US Highway 1 South		
	St. Augustine, FL 32086	Address	
	julia@staugustinelawgroup	City/State and Zip Code .com	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information o	concerning this matter, please co	ali:	
Julia Newton		904 990 - 7777	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 9		Street Address:	tion
Division of C		Registration Sec Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H&M Back 40, LLC

The Articles of Organization for this Limited Liability Company were filed on   12/27/2021 and assigned  Florida document number 1,22000003181  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 "L.L.C" 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:  New Registered Agent:  New Registered Agent:  New Registered Agent:  New Registered Agent:  City  City  New Registered Agent as registered agent and agree to act in this capacity. I further agree to comply with a provisions of all statutes relative to the proper and complete performance of my datales, 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 Itability	(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
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 "L.C." 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 register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida Street address  Florida OFFICE BOX  New Registered Agent:  New Registered Agent:  New Registered Agent and agree to act in this capacity. I further agree to comply with a 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	The Articles of Organization for this Limited Liability Company Florida document number L22000003181	were filed on	and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 register agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:  Emer Florida street address  Florida  City  New Registered Agent's Signature, if changing Registered Agent  City  New Registered Agent's Signature are complete performance of my duties, and I can 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 address. I hereby confirm that the limited liability	This amendment is submitted to amend the following:		
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:  Emer Florida street address  Lipsyche 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	A. If amending name, enter the new name of the limited liab	oility company here:	
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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	New Registered Agent's Signature, if changing Registered Agent:		23 TAT
company has been notified in writing of this change.	provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am fa provided for in Chapter 605. F.S. Or, ij	miliar with and Tthis 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kevin Heneghan	6101 S. A1A St. Augustine, FL 32080	□Add
			■ Remove
			□Change
AMBR	Joseph B. Maguire	6101 S. A1A St. Augustine, F1, 32080	□Add
			Remove
MGR	Joseph B. Maguire	6101 S. AIA	□ Change
	<del></del>	St. Augustine, FL 32080	<b>≡</b> Add
			□Remove
			□Change
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			□Remove
			Change
			□Add
			□Remove
		<del> </del>	□Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Ante: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as bocument's effective date on the Department of State's records.  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 dis filed.  January 14  2022  Signapore of member or authorized representative of a member  Joseph B. Maguire - AMBR	<b>.</b> .	tion, enter change(s) here: (Attack		
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Joseph B. Maguire - AMBR		Signature of a member or authorized repr	resentative of a member	
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