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COVER LETTER

TO: Registration Section Division of Corporations

M SUBJECT:	H CAPITAL PROPERTIES, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Thomas M. VanNess, Jr.,	Esquire	
		Name of Person	<u> </u>
	VanNess & VanNess, P.A		
		Firm/Company	
	1205 N. Meeting Tree Blv	d.	
		Address	
	Crystal River, FL 34429		
	tmv@vannesspa.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	etification)
For further informatio	n concerning this matter, please c	all:	
Thomas M. VanNess,	Jr., Esq.	352 795-1444	
Nan	e of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for	or 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MII CAPITAL PROPERTIES, LLC

2022 MAR 23 PH 2: 43

(Name of the Lin	nited Liability C (A Florida Lin	ompany as it now appears on ited Liability Company)	MULAHASSEE, FI
The Articles of Organization for this Limited			• • • • • • • • • • • • • • • • • • •
Florida document number L22000076060	<u></u> ·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here;	
N/A			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the design	ation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRES.	<u> </u>	
			
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr		fice address on our recor	ds, <u>enter the name of the new regist</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida si	reet address
			, Florida
		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 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	Matthew Blake Hunter	1914 Sagebrook Dr.	
		Tallahassee, FL 32303	■Remove
			□ Change
MGR	Matthew Blake Hunter	1914 Sagebrook Dr.	= Add
		Tallahassee, FL 32303	□Remove
			□Change
		 	□Add
			□Remove
			□Change
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<u>te:</u> If	e date, if other than the date of tive date is listed, the date must be spec f the date inserted in this block does nt's effective date on the Departme	s not meet the applicable	ate of filing or more than statutory filing requir	(optional) 90 days after filing.) Pursuant t ements, this date will not b	o 605.020 e listed a
cord: s filed	specifies a delayed effective date, b	out not an effective time,	at 12:01 a.m. on the e	arlier of: (b) The 90th day	after the
ed _		. 2022			
	Matthen	Blake Hun re of a member or authorize	ter		
	(10)	E ULB MEMBEL OF BUILDINGS			

Filing Fee: \$25.00