4/2/24, 4:34 PM Division of Corporations I124000121728 3

L22000199038

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-8678

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

Email Address: _____

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2024 APR -3 AM 10:30
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LEGAL NURSE PARTNERS, LLC

Certificate of Status	0
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APR 04 2024
T. LEMIEUX

COVER LETTER

H24000121728 3

TO: **Registration Section**
Division of Corporations

SUBJECT: Legal Nurse Partners, 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:

Patrick Ridoutt
Name of Person

ZenBusiness INC
Firm/Company

336 E. College Ave Suite 301
Address

Tallahassee, FL 32301
City/State and Zip Code

fulfillment@zenbusiness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

c/o ZenBusiness INC at (844) 493-6249
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)

MailingAddress:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:
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

1124000121728 3

Legal Nurse Partners, 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 2022-04-26 and assigned Florida document number L22000199038.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

H2 Vacation Homes LLC

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)

10438 Lake Hill Dr
Clermont FL 34711
Lake County US

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10438 Lake Hill Dr
Clermont FL 34711
Lake County US

2024 APR -3 AM 9:38

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

_____, 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 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	Name	Address	Type of Action
AMBR	Kim Hadaway		☐ Add
			☐ Remove
		10438 Lake Hill Dr Clermont FL 34711 US	■ Change
AMBR	John C Hadaway		☐ Add
			☐ Remove
		10438 Lake Hill Dr Clermont FL 34711 US	■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H24000121728 3

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

Amend member name from Kim Hadaway to Kimberly Hadaway

Amend business purpose to: Real Estate Investment with short term rentals

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated 04/02 2024

/s/ Kim Hadaway

Signature of a member or authorized representative of a member

Kim Hadaway, Member

Typed or printed name of signee