## L2300029999

(F	Requestor's Name)
()	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	
	J. HORNE MAR 2 1 2023

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENÇYGLOBAL.COM

Account#: I20000000088

Date:	03/20/2023	
Name:		-
Reference #	1933563	-
	HEADSTRONG V	ACATION HOMES LLC
☐ Article	es of Incorporation/Authorization	to Transact Business
✓ Amer	ndment	
☐ Chan	ge of Agent	
☐ Reins	statement	
☐ Conv	ersion	
☐ Merge	er	
☐ Disso	olution/Withdrawal	
Fictitie	ous Name	
Other	-	
Authorized A	Amount:	

F: 800.944.6607

E. +852 2682 0790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:03/20/2023	
Name: Greg Pintacuda	
Reference #:	
Entity Name: HEADSTRONG VACATION HOMES LLC	<u> </u>
Articles of Incorporation/Authorization to Transact Business	
✓ Amendment	
☐ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount: \$25	
Signature:	

F: 800.944.6607

+44 (0)20.3961.3080

## **COVER LETTER**

TO:

Tallahassee, FL 32314

	tration Se ion of Cor				
I SUBJECT: _	leadstrong	Vacation Homes LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing		
		ndence concerning this matter	-		
		Sonia K. Lowe, Paralegal			
			Name of Person		
		Baker & Hostetler LLP			
			Firm Company	<u>-</u>	
		200 Civic Center Drive, Su	iite 1200		
			Address		
		Columbus, Ohio 43215			
		-	City/State and Zip Code		
		devans@bakerlaw.com	to be used for future annual	onvert notification	<u>,,,                                  </u>
For further info	ormation co	oncerning this matter, please co			·,
Sonia K. Lowe	c			98-3033	
	Name of	Person	at () Area Code	Daytime Telep	ohone Number
Enclosed is a c	heck for th	c following amount:			
□ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address stration S		Street A	ddress: ration Section	
Divis	sion of C	orporations	Divisio	on of Corporat	
PΟ	Box 632	7	The Ce	entre of Tallah	assee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Headstrong Vacation Homes 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  $\frac{01/17/2023}{1}$ Florida document number 1.23000029999 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 "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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

## 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	Headstrong Homes Holding Company	8297 Championsgate Blvd.	
		#399	□Remove
		Championsgate, FL 33896	
AMBR	Headstrong Homes, LLC	8297 Championsgate Blvd.	⊡Add
		#399	■ Remove
		Championsgate, FL 33896	□Change
			□Add
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

. II amen	ding any other intormati	ion, enter change(s) here:	: (Анасп оданюваі sh	veis, ų necessary.)	
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		. <u>.</u>			
- <u>Note:</u> H	re date, if other than the detive date is fisted, the date must of the date inserted in this blocant's effective date on the Dep	ck does not meet the applical	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant to rements, this date will not be	605.0207 (3 listed as the
he record ord is file		date, but not an effective tin	ne, at 12:01 a.m. on the c	arlier of: (b) The 90th day a	after the
Dated _	March 10	. 2023			
	<del>-</del> s	Signature of a member or author	ized representative of a me	mber	-
	Forbes Lilford				
		Typed or printed	I name of signee		-