

L23000037332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

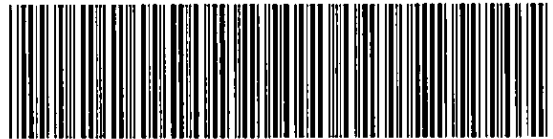
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



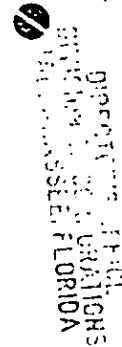
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RECEIVED
2023 FEB 23 AM 9:47
STATE
OF FL

RECEIVED
2023 FEB 23 PM 3:36
DIRECTOR
OF CORPORATIONS
ALLAH, SEAN
FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594



RECEIVED

2023 FEB 23 PM 3:36

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 02/23/23
Order #: 520993-1
Re: NH2 MANAGEMENT, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find: *domestic amendment*

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
120000000195

Authorization:

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NH2 MANAGEMENT, 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:

Christopher R. O'Brien, Esq.

Name of Person

Woods Weidenmiller Michetti & Rudnick LLP

Firm/Company

9045 Strada Stell Court, Suite 400

Address

Naples, FL 34109

City/State and Zip Code

cobrien@lawfirmnaples.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher R. O'Brien, Esq.

239

at ()

325-4070

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)

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

DEPT. OF STATE
TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Thomas Houchin	700 Industrial Blvd, Suite 2	<input type="checkbox"/> Add
		Naples, FL 34104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thomas Houchin	700 Industrial Blvd, Suite 2	<input checked="" type="checkbox"/> Add
		Naples, FL 34104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Annette Nader	112 Inagua Ln	<input checked="" type="checkbox"/> Add
		Bonita Springs, FL 34134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FLORIDA STATE
ARCHIVES

FEB 23 AM 9:47

MAILED
JUN 23 AM 9:47
U.S. DEPT. OF STATE
WASHINGTON, DC

(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)

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 2/23/2023

Thomas Houchin

- 1CCC856FB09D411.

Signature of a member or authorized representative of a member

Thomas Houchin

Typed or printed name of signee