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## **COVER LETTER**

TO:	Registration Se Division of Cor		,	<i>;</i>
CHDICA	H3 Property	y Holdings, LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	cturn all correspo	ondence concerning this matter	to the following:	
		Melissa Hansen		
			Name of Person	
		H3 Property Holdings, LL	С	
			Firm/Company	<u> </u>
		P.O. BOX 448		
			Address	
		LaBelle, FL 33975		
			City/State and Zip Code	
		mlhansen98@gmail.com		
		E-mail address: (	to be used for future annual report no	tification)
For furth	ner information c	oncerning this matter, please c	all:	
Melissa	Hansen		863 673-1219 at ( )	
	Name o	t Person	Area Code Daytii	ne Telephone Number
Enclosed	d is a check for th	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 Address		Street Address: Registration So	ection
Registration Section Division of Corporations		Division of Co		
	P.O. Box 632	27	The Centre of	•
	Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H3 Property Holdings, LLC		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Cor	appears on our records.) npany)
he Articles of Organization for this Limited 1	Liability Company were filed	on <u>09/12/2023</u> and assigned
lorida document number 1.23006 424398		
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name o	of the limited liability comp	pany here:
as not norms must be distinguishable and contain the	u order I imited Lightlity Company	y," the designation "LLC" or the abbreviation LLC."
ie new name must be distinguishable and contain the	words (Entitled Entitliny Compan)	y, the designation LLC or the abbreviation—LLC.
nter new principal offices address, if appli	cable:	
rincipal office address MUST BE A STRE	ET ADDRESS)	7 7 17
		÷ 2:
nter new mailing address, if applicable:		· 12
Aailing address MAY BE A POST OFFICE		
rating dualess MAT DEAT (AST VITTEE		
If amending the registered agent and/or	registered office address or	our records, enter the name of the new registe
ent and/or the new registered office addre		· var records, enter the name of the new registe
Name of New Registered Agent:	Melissa Hansen	
New Registered Office Address:	1185 West Cowboy Way	
	E	nter Florida street address
	LaBelle	Florida 33935
	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.

Melissy Hansen
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
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(If an effer Note: 1	e date, if other than the date of filing:
he record ord is file	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
Dated _	May 13 2024.
	Signature of a member or authorized representative of a member
	Melissa Hansen Typed or printed name of signee

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