L23000531772

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor				
	HLMC LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		JEFFREY LEWIS		
		Name of Person		
		ORLANDO HLMC ELC		
		Firm/Company		
		1969 NAPOLI DRIVE		
		Address		
		SAINT CLOUD, FL 347	71	
		City/State and Zip Code		
		jlewis1971@gmail.com	<u></u>	
	E-mail address: (to be used for future annual r	eport notification)	
For further information c	oncerning this matter, please ca	all:		
JEFFRE	Y LEWIS	407	242-5509	
Name o	f Person	Area Code	242-5509 Daytime Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl.	Certificate of Sta	atus &

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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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO HLMC LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned L23000531772 Florida document number ____ 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 "L.L.C." 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

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.

City

If amending or removed	Authorized Person(s) authorized from our records:	d to manage, enter the title, name, and addres	ss of each person being add
MGR = N $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JEFFREY T LEWIS	1969 NAPOLI DRIVE	= Add
		SAINT CLOUD, FL 34771	□ Remove
			Change
AMBR	JEFFREY T LEWIS	1969 NAPOLI DRIVE	∃ Add
		SAINT CLOUD, FL 34771	□ Remove
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		
			□Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Add
			∏Remove

□Change

	-
lt'an ei	ive date, if other than the date of filing:
<u>Note:</u> docur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e reco rd is f	rd 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 led.
Dated	·
	Supplied of a member or authorized representative of a member

Filing Fee: \$25.00