L24000 209509

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(Business Entity Name)
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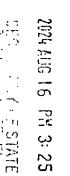




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8/20/24



COVER LETTER

TO: Registration Division of	o Section Corporations		
Holman	Drive LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Trent W. Walker		
		Name of Person	
	Holman Drive LLC		
		Firm/Company	
	4602 Bontia Dr		
		Address	
	Palm Beach Gardens Florio	ia 33418	
	twalker@pbfn.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual rep	ort notification)
For further informatio	n concerning this matter, please ca	ા !:	
Patricia Donovan		561 35179	
Nam	e of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status &

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

2024 AUG 16 PH 3: 25

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holman Drive LLC			
(Name of the Li	mited Liability Co. (A Florida Limit	npany as it now appears on our recorded Liability Company)	rds.)
The Articles of Organization for this Limited	Liability Compa	my were filed on May 6 2024	and assigned
Florida document number L24000209509			
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
N/A		The state of the s	
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl		N/A	
(Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE			
R. If amending the registered agent and/ou			
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addres	us ————————————————————————————————————
	N/A	Fi	orido
		City	orida Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>	
hereby accept the appointment as register provisions of all statutes relative to the projectory the obligations of my position as region filed to marely reflect a change in the	per and comple pistered agent a	te performance of my duties, as s provided for in Chapter 605	nd I am familiar with and F.S. Oz. if this document is
eing filed to merely reflect a change in the company has been notified in writing of this	regisierea offic i change.	e aaaress, I nereby confirm th	7. C. 15.
	ŭ		
			part
	If Ch	anging Registered Agent, Signature o	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
MGR	David Scott Bowden	11931 Torreyanna Cir	\
		W Palm Beach FL 33412	□Remove
			□ Change
			□Add
			□ Remove
			Change
- 			□Add
			□Remove
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			Remove
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Offective date	, if other than th	o data of Mi	August 9 202	4			
TOTAL CTITOCOLAG COST		USI DE SDECIDE AND	CHIRDOI ha reside to	data of Cli- a	(opt ore than 90 days afte	t ional) er filing.) Pursuant t	o 605 0207 (3)
	te inserted in this bective date on the I			ole statutory filing	g requirements, th	is date will not b	e listed as the
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record specific	s a delayed effecti	ve date, but not	an effective tim	c. at 12:01 a m c	on the earlier of: (h) The Orth day	
is filed.				,	and salation of: (o) the som day	arter the
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	~ 11	12 7	H 1 -	_		AL.	2024 AUG
	— (\tau \tau \tau \tau \tau \tau \tau \tau	Signature of air	nember or authori	zed representative	of a member		_ සි
	\ <i>Y</i> \				or a merider	*	6
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	Treat Wa	.1 Ken	Typed or printed			(24.1 (25.1) (13.1) (13.1)	P

Filing Fee: \$25.00