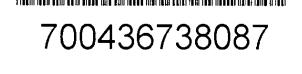
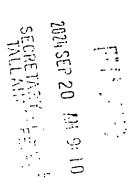
L24000364545

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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03/20/24--01012--004 **25.00



COVER LETTER

	Registration Se Division of Cor			3	•	
SUBJEC		S PROPERTY MANAGEME	NT LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		MATTHEW REDONDO				
			Name of Person			
		···	Firm/Company	-		
		4669 GULF BLVD 247			2004 SEP 20 SECTEDATE	
			Address		2 4	
	ST PETE BEACH, FL 33706					
	City/State and Zip Code MATT@HERCULESPM.COM					
		· ·	to be used for future annual	report notification)		
For furth	er information c	oncerning this matter, please c	all:			
МАТТН	IEW REDONDO	0	706 57:	3-6768		
	Name o	of Person	Area Code	Daytime Telepho	ne Number	
Enclosed	l 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 enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Ac	ddress: ation Section		
Registration Section Division of Corporations			-	n of Corporatio	ns	
	P.O. Box 632			ntre of Tallahas		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERCULES PROPERTY MANAGEMENT LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L^{24000364545}}{L^{24000364545}}$.	re filed on AUGUST 20TH 2024 and assigned
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) F Organization for this Limited Liability Company were filed on AUGUST 20TH 2024 and assigned ent number L24000364545 Int is submitted to amend the following: Ing name, enter the new name of the limited liability company here: Instituted Liability Company." the designation "LLC" or the abbreviation "LLC" incipal offices address, if applicable: Instituted Liability Company." the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable: Instituted Liability Company." the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable: Instituted Liability Company here: Institut
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:	SEP 20
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	•
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	THE I TO HALL SIVEEL CHAINESS

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.

Cirv

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
AMBR	JOHN M SHINE	217 ABERDEEN ST	
		DUNEDIN, FL 34698	□Remove
			
		 	□Remove
			□Change
			SEO GADONE TAP
			□ Change
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ective date, if other than the date	e of filing:		(opt	tional)
effective date is listed, the date must be see: If the date inserted in this block of	does not meet the applic	cable statutory filir	nore than 90 days aft ng requirements, th	er filing.) Pursuant to 605.020 his date will not be listed a
ument's effective date on the Depart	ment of State's records	5.		
cord specifies a delayed effective dat	a but not an affective	ilma at 12:01 -	am tha as I' as	the mercont has the
s filed.	e, but not an effective t	ame, at 12:01 a.m.	on the earlier of; ((b) The 90th day after th
CEDWELLDED : COV				
ed SEPTEMBER 16TH	. 2024	<u> </u>		
		•		
	ature of a member or auth	arrived representative	of a member	
Sign	divide of a mornioti of add	iorizeu representativi	. Or a memoer	