

L24000364545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

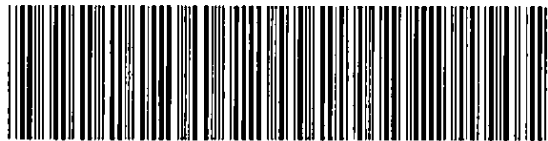
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FILED
2024 SEP 20 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HERCULES PROPERTY 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:

MATTHEW REDONDO

Name of Person

Firm/Company

4669 GULF BLVD 247

Address

ST PETE BEACH, FL 33706

City/State and Zip Code

MATT@HERCULESPM.COM

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

2014 SEP 20 PM 9:10
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

MATTHEW REDONDO

706

573-6768

at (_____) _____

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOHN M SHINE	217 ABERDEEN ST	<input checked="" type="checkbox"/> Add
		DUNEDIN, FL 34698	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF THE
TALL TIMBERS SOCIETY
2020 SEP 22 PM 10:10

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NA

201 SEP 20 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FL

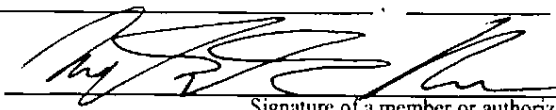
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 SEPTEMBER 16TH 2024



Signature of a member or authorized representative of a member

MATTHEW REDONDO

Typed or printed name of signee

Filing Fee: \$25.00