

MI7000005789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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2024 FEB -5 PM 9:26  
17

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ALLAHASSEE, FLORIDA

A. HUNT

02/05/24

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 02/05/2024


NAME: HAWAII MAINLAND ADMINISTRATORS LLC

TYPE OF FILING: AMENDMENT

COST: \$25

RETURN: PLAIN COPY PLEASE

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read "A. Hodge", written over the authorization text.

ACCOUNT: FCA000000015

2024 FEB 5 PM 9:26  
STATE  
OF FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Hawaii Mainland Administrators, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M17000005789

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 7/5/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Verdegard Administrators, LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>                   |
|------------------------|-------------|----------------|---|
| _____                  | _____       | _____          | <input type="checkbox"/> Add            |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove         |
| _____                  | _____       | _____          | <input type="checkbox"/> Add            |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove         |
| _____                  | _____       | _____          | <input type="checkbox"/> Add            |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove         |
| _____                  | _____       | _____          | <input checked="" type="checkbox"/> Add |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove         |
| _____                  | _____       | _____          | <input type="checkbox"/> Add            |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove         |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Donna Eralano  
Signature of the authorized representative

Donna Eralano  
Typed or printed name of signee

Filing Fee: \$25.00

**FRANCISCO V. AGUILAR**  
Secretary of State

**DEPUTY BAKKEDAHL**  
Deputy Secretary for  
Commercial Recordings

STATE OF NEVADA



OFFICE OF THE  
SECRETARY OF STATE

Commercial Recordings Division  
401 N. Carson Street  
Carson City, NV 89701  
Telephone (775) 684-5708  
Fax (775) 684-7138

North Las Vegas City Hall  
2250 Las Vegas Blvd North, Suite 400  
North Las Vegas, NV 89030  
Telephone (702) 486-2880  
Fax (702) 486-2888

**Certified Copy**

1/25/2024 10:51:52 AM

Work Order Number: W2024012500842  
Reference Number: 20243778876  
Through Date: 1/25/2024 10:51:52 AM  
Corporate Name: Verdegard Administrators, LLC

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

| Document Number | Description                           | Number of Pages |
|-----------------|---------------------------------------|-----------------|
| 20233694009     | Amendment to Articles of Organization | 2               |



Certified By: Sean Robles  
Certificate Number: B202401254294262  
You may verify this certificate  
online at <http://www.nvsos.gov>

Respectfully,

A handwritten signature in black ink, appearing to read "FV Aguilar".

FRANCISCO V. AGUILAR  
Nevada Secretary of State



**FRANCISCO V. AGUILAR**  
 Secretary of State  
 401 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)

|   |  |
|---|--|
| <br>Secretary of State<br>State Of Nevada | <b>E0058142012-2</b>                     |
|   | Filing Number<br><b>20233694009</b>      |
|   | Filed On<br><b>12/14/2023 8:27:00 AM</b> |
|   | Number of Pages<br><b>2</b>              |

**Limited-Liability Company:**  
**Certificate of Amendment** (PURSUANT TO NRS 86.215, 86.221 and 86.543)  
**Certificate to Accompany Restated Articles or Amended and**  
**Restated Articles** (PURSUANT TO NRS 86.221)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

|  |   |
|--|---|
| <b>1. Entity Information:</b>  | Name of entity as on file with the Nevada Secretary of State:<br><input type="text" value="Hawaii Mainland Administrators, LLC"/><br>Entity or Nevada Business Identification Number (NVID): <input type="text" value="E0058142012-2"/>   |
| <b>2. Restated or Amended and Restated Articles</b><br>(Select one):<br>(If restating or amending and restating, complete section 1, 2, 3, 5 and 6.) | <input type="checkbox"/> <b>Certificate to Accompany Restated Articles or Amended and Restated Articles</b><br><br><input type="checkbox"/> Articles have been Restated<br><br><input type="checkbox"/> Articles have been Amended and Restated<br><br>* Restated or Amended and Restated articles must be included with this filing type.  |
| <b>3. Type of amendment filing being completed:</b><br>(Select only one box):<br>(If amending, complete section 1, 3, 5 and 6.)                      | <input type="checkbox"/> <b>Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company Before Issuance of Member's Interest</b> (Pursuant to NRS 86.216)<br>The signers thereof are at least two-thirds of the <input type="checkbox"/> organizers or the <input type="checkbox"/> managers of the limited-liability company<br>As of the date of the certificate, no member's interest in the limited-liability company has been issued.<br><br><input checked="" type="checkbox"/> <b>Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company</b> (Pursuant to NRS 86.221)<br>The limited-liability company is managed by <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members<br>The certificate of amendment must be signed by a manager of the company or, if management is not vested in a manager, by a member.<br><br><input type="checkbox"/> <b>Amendment to Application for Registration of a Foreign Limited-Liability Company</b> (Pursuant to NRS Chapter 86)<br>Name of Foreign Limited-Liability Company if different than registered to transact business in Nevada:<br><input type="text"/><br>If amendment is to change the name, the change taking effect: (select all that apply)<br><input type="checkbox"/> The name under which Limited-Liability Company transacts business in this State<br><input type="checkbox"/> Foreign Limited-Liability Company name from home jurisdiction |

This form must be accompanied by appropriate fees.



FRANCISCO V. AGUILAR  
 Secretary of State  
 401 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)

**Limited-Liability Company:**  
**Certificate of Amendment** (PURSUANT TO NRS 86.216, 86.221 & 86.543)  
**Certificate to Accompany Restated Articles or Amended and**  
**Restated Articles** (PURSUANT TO NRS 86.221)

|   |   |  |  |  |                |
|---|---|--|--|--|----------------|
| <b>4. Effective date and time:</b> (Optional)   | <b>Date:</b> _____ <b>Time:</b> _____<br>(must not be later than 90 days after the certificate is filed)  |  |  |  |                |
| <b>5. Information being changed:</b>  | Changes to takes the following effect:<br><input checked="" type="checkbox"/> The entity name has been amended.<br><input type="checkbox"/> The registered agent has been changed. (attach Certificate of Acceptance from new registered agent)<br><input type="checkbox"/> The purpose of the entity has been amended.<br><input type="checkbox"/> The directors, managers or general partners have been amended.<br><input type="checkbox"/> IRS tax language has been added.<br><input type="checkbox"/> Articles have been added.<br><input type="checkbox"/> Articles have been deleted.<br><input type="checkbox"/> Other.<br>The articles have been amended as follows: (provide article numbers, if available)<br>"The name of the company is Verdegard Administrators, LLC."<br>(attach additional page(s) if necessary) |  |  |  |                |
| <b>6. Signature:</b> (Required)   | <table border="0"> <tr> <td data-bbox="418 1268 915 1373">           X <u>James Collaker</u><br/>           Signature of Manager, Member or Authorized Signer         </td> <td data-bbox="938 1268 1484 1352"> <u>CFO and Treasurer of Manager</u><br/>           Title         </td> </tr> <tr> <td data-bbox="418 1423 915 1541">           X _____<br/>           Signature of Manager, Member or Authorized Signer         </td> <td data-bbox="938 1423 1484 1507">           _____<br/>           Title         </td> </tr> </table>   | X <u>James Collaker</u><br>Signature of Manager, Member or Authorized Signer | <u>CFO and Treasurer of Manager</u><br>Title | X _____<br>Signature of Manager, Member or Authorized Signer | _____<br>Title |
| X <u>James Collaker</u><br>Signature of Manager, Member or Authorized Signer                                    | <u>CFO and Treasurer of Manager</u><br>Title  |  |  |  |                |
| X _____<br>Signature of Manager, Member or Authorized Signer  | _____<br>Title  |  |  |  |                |
| Please include any required or optional information in space below:<br>(attach additional page(s) if necessary) |   |  |  |  |                |

This form must be accompanied by appropriate fees.