

1122000003789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

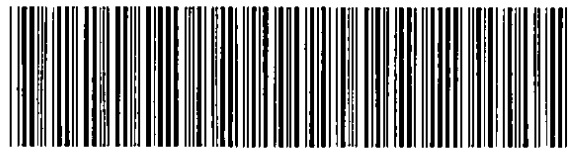
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/15/24--01002--003 **25.00

RECEIVED

2024 JUL 12 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001
OFFICE OF STATE

R. HUNT

07/12/24

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY The Longleaf Network, LLC	FOR OFFICE USE ONLY

PICK ONE:

____ CERTIFIED COPY XX PHOTOCOPY ____ C.U.S.

FILING:

____ CORPORATION ____ LLC ____ LIMITED PARTNERSHIP ____ GENERAL PARTNERSHIP
____ FICTITIOUS NAME ____ SERVICE MARK/TRADEMARK XX AMENDMENT
____ FOREIGN QUALIFICATION ____ JUDGMENT LIEN
____ OTHER _____

RETRIEVAL:

____ GOOD STANDING CERT/C.U.S. ____ CERTIFIED COPY ____ PHOTOCOPY
Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 07/12/24 TIME _____

Notes: _____

**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: THE LONGLEAF NETWORK, 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: M22000003789

3. Jurisdiction of its organization: North Carolina

4. Date authorized to do business in Florida: 03/11/2022

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

5. New name of the limited liability company: HTTM Partners 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)(c), 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
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			<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.

156 Tamara McLendon
Signature of the authorized representative

Tamara McLendon

Typed or printed name of signee

Filing Fee: \$25.00



NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

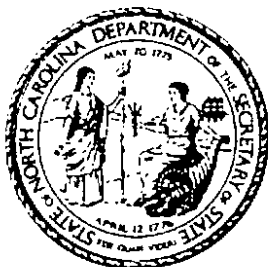
ARTICLES OF AMENDMENT

OF

HTTM PARTNERS LLC

the original of which was filed in this office on the 3rd day of July, 2024.

2024 JUL 12 AM 8:59
SECRETARY OF STATE
WILMINGTON, NC



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of July, 2024.

Elaine F. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

SOSID: 2144481
Date Filed: 7/3/2024 12:51:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C2024 184 39282

Limited Liability Company
AMENDMENT OF ARTICLES OF ORGANIZATION

Pursuant to §57D-2-22 of the General Statutes of North Carolina, the undersigned limited liability company hereby submits the following Articles of Amendment for the purpose of amending its Articles of Organization.

1. The name of the limited liability company is: The Longleaf Network, LLC
2. The text of each amendment adopted is as follows (attach additional pages if necessary):
The name of the company is hereby changed to HTTM Partners LLC.
(SOS No. 2144481)
3. (Check either a or b, whichever is applicable)
A. ☐ The amendment(s) was (were) duly adopted by the majority vote of the organizers of the limited liability company prior to the identification of initial members of the limited liability company.
B. ☒ The amendment(s) was (were) duly adopted by the unanimous vote of the members of the limited liability company or was (were) adopted as otherwise provided in the limited liability company's Articles of Organization or a written operating agreement.
4. These articles will be effective upon filing, unless a date and/or time is specified: _____

This the 2nd day of July, 2024.

HTTM Partners LLC

Name of Limited Liability Company

John Miller III

Signature

John Miller, III, CEO

Type or Print Name and Title

_____, Company Official

NOTES:

1. Filing fee is \$50. This document must be filed with the Secretary of State.

BUSINESS REGISTRATION DIVISION
(Revised July 2017)

P. O. BOX 29622

RALEIGH, NC 27626-0622
(Form L-17)