

M2300000/703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

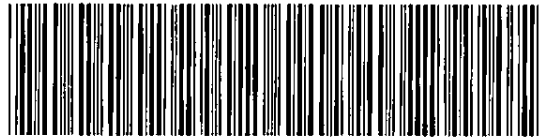
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600418434616

2024 APR 25 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2024 APR 25 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FL

K. HUNT

04/27/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 04/25/24
Order #: 1491945-1
Re: Orcutt HHCP, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:

120000000195

AUTH

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the word "AUTH" and the account number.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

FILED
TALLAHASSEE, FL
APR 25 AM 7:47
30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orcutt HHCP, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leah Monserrat

Name of Person

Orcutt Winslow

Firm/Company

2929 N Central Ave FL 11

Address

Phoenix, AZ 85012

City/State and Zip Code

monserrat.l@owp.com

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

For further information concerning this matter, please call:

Leah Monserrat at (602-257-1764)

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: Orcutt HHCP, 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: M23000001703

3. Jurisdiction of its organization: Arizona

4. Date authorized to do business in Florida: 02/09/2023

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

5. New name of the limited liability company: _____
(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>
Partner	Michael Gerard Kolejka	2929 N Central Ave FL 11	<input checked="" type="checkbox"/> Add
		Phoenix, AZ 85012	<input type="checkbox"/> Remove
Partner	Harold Neil Terry	2929 N Central Ave FL 11	<input type="checkbox"/> Add
		Phoenix, AZ 85012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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.

Erik Clinite
Signature of the authorized representative

Erik Clinite

Typed or printed name of signer

Filing Fee: \$25.00