

11723000005816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

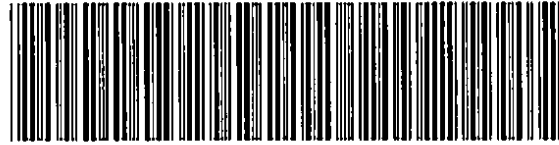
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200418009372

11th  
CLERK OF SUPERIOR  
COURT  
DIVISION OF DISTRICT CLERK  
2023 NOV -1 PM 12:40

RECEIVED  
2023 NOV -1 PM 3:40  
DIVISION OF DISTRICT CLERK  
TALLAHASSEE, FLORIDA

R. HUNT  
11/01/23



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations  
From: Eyliena Baker  
Ext: 61594  
Date: 11/01/23  
Order #: 1304083-2  
Re: Raines HP Operations, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$55.00 - FL State Account Number:  
120000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing  
Issue Certified Copy.

Special Instructions:

2023 NOV - 1 PM 12:40

FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Raines HP Operations, 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:

David Tart

\_\_\_\_\_  
Name of Person

Raines HP Management, LLC

\_\_\_\_\_  
Firm/Company

1943 Hoffmeyer Road, Suite C

\_\_\_\_\_  
Address

Florence, SC 29501

\_\_\_\_\_  
City/State and Zip Code

david.tart@rainesco.com

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

For further information concerning this matter, please call:

Summer Neal

at ( 864 )

239-5929

\_\_\_\_\_  
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

2023 NOV - 1 PM 12:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

# 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: Raines HP Operations, 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: M23000005816

3. Jurisdiction of its organization: South Carolina

4. Date authorized to do business in Florida: 5/4/2023

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

5. New name of the limited liability company: Raines HP Management, 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

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FLORIDA  
DIVISION OF CORPORATE REGISTRATION

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
			<input checked="" 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.

Digitized by  
David Tart  
605.0902(1)(c)

Signature of the authorized representative

David Tart, Manager

Typed or printed name of signee

Filing Fee: \$25.00

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 230718-1223107

Filing Date: 07/18/2023

Jul 18 2023

REFERENCE ID: 1355210

STATE OF SOUTH CAROLINA

SECRETARY OF STATE

AMENDED ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY -DOMESTIC

  
SECRETARY OF STATE OF SOUTH CAROLINA

Pursuant to the 1976 S.C. Code of Laws, as amended, Section 33-44-204(a), the undersigned limited liability company adopts the following amended articles of organization:

1. The name of the limited liability company is:

Raines HP Operations, LLC

2. The date the articles of organization were filed is 03/10/2023.

3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

Amended Entity Name: Raines HP Management, LLC

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

Signature: Signed as Authorized Signature: David Tart

Capacity/Position of Person Signing (you must check one box):

☐ Manager ☒ Member ☐ Organizer

☐ Fiduciary ☐ Attorney-in-Fact

David Tart

(Print or Type Name)

Date: 07/18/2023

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jul 18 2023

REFERENCE ID: 1355210

STATE OF SOUTH CAROLINA

SECRETARY OF STATE

AMENDED ARTICLES OF ORGANIZATION  
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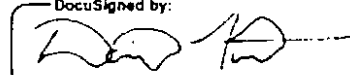
1. The name of the limited liability company is:

Raines HP Operations, LLC

2. The date the articles of organization were filed is 3/10/2023.

3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

The name of the limited liability company is changed to Raines HP Management, LLC

DocuSigned by:  
  
Signature: 36CE40150FE14EA

Capacity/Position of Person Signing (you must check one box):

☐ Manager ☒ Member ☐ Organizer

☐ Fiduciary ☐ Attorney-in-Fact

David Tart, Manager of Raines HP Management, LLC, the Sole Member of Raines HP Operations, LLC  
(Print or Type Name)

Date: 7/11/2023

2023 NOV - 1 PM 12:40  
DIVISION OF STATE & LOCAL GOVERNMENT

CERTIFIED TO BE A TRUE AND CORRECT COPY

AS TAKEN FROM AND COMPARED TO THE ORIGINAL ON FILE IN THIS OFFICE

Business Name: Raines HP Operations, LLC

Jul 18 2023

REFERENCE ID: 85CE40150FE14EA

## Signature Page for a Secretary of State Business Filing

completed, scanned, and attached to any business filing where one of the following is true.

  
Mark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA

I hereby signs the digital form on behalf of official signee.

- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

### Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

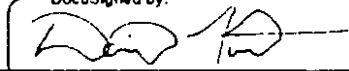
Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

David Tart, Manager of Raines HP Management, LLC the Sole Member of Raines HP Operations, LLC

7/11/2023

Name

DocuSigned by:



Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

2023 NOV - 1 PM 12:40  
DIVISION OF CORP. & ST. AFF.  
STATE OF SOUTH CAROLINA