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| (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: |
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| Q. SILAS |
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2022 APR -1 AM 8: 53

SECRETARY OF STATE

TALLAHASSEF

COVER LETTER

| TO: | Registration S Division of Co | | • | |
|----------------|----------------------------------|--|---|--|
| | Hummel F | lite Staffing LLC | | • |
| SUBJEC | ,!; <u></u> | Name of Lim | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | Fabrizio Lengua | | |
| | | | Name of Person | |
| | | ZenBusiness INC. | | |
| | | | Firm/Company | |
| | | 5511 Parkerest Dr. Suite 1 | 0.3 | |
| | | | Address | |
| | | Austin, TX 78731 | | |
| | | | City/State and Zip Code | |
| | | fulfillment@zenbusiness.co | | |
| | | | to be used for future annual report no | otification) |
| For furth | er information of | concerning this matter, please c | all: | |
| Fabrizio | Lengua | | 512 237-7349 at () | |
| | Name o | of Person | | ime Telephone Number |
| Enclosed | l is a check for t | he 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 tadditional copy is enclosed) |
| | Mailing Addre Registration | | Street Address: Registration S | Section |
| | Division of C | • | Division of C | orporations |
| | P.O. Box 631 Tallahassee. | | The Centre of 2415 N. Mon | Tallahassee roe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR -1 AM 8: 53

Hummel Elite Staffing LLC

(Name of the Limited Liability Company as it now appears on our reconfiguration (A Florida Limited Liability Company)

TALLAHASSE, FL

| The Articles of Organization for this Limited Liability Compa | any were filed on 2021-12-03 | and assigned |
|---|--|--|
| Florida document number L21000543281 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited ! | iability company here: | |
| Hummel Family Care LLC | | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u></u> |
| B. If amending the registered agent and/or registered office and/or the new registered office address here: | ce address on our records, <u>ent</u> | er the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address; | | |
| | Enter Florida street ada | ress |
| | | Florida |
| | · | Zip Code |
| New Registered Agent's Signature, if changing Registered Age | ent: | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change. | ete performance of my duties, as provided for in Chapter 60 | and I am familiar with and 5, F.S. Or, if this document is |
| | | |

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> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| Effective date, if other than fan effective date is listed, the date Note: If the date inserted in this document's effective date on the | s block does not mei | et the applicable s | of tiling or more tha tatutory filing requ | (optional) n 90 days after filing. irements, this date |) Pursuant to 605.0207 (will not be listed as t |
| e record specifies a dela The 90th day after the r | | te, but not an | effective time, | at 12:01 a.m. | on the earlier of: |
| Dated | | 2022 | | | |
| | /s/ She | ennell Sper | ICET | | |
| | Signature of a me | mber or authorized | representative of a m | ember | |
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Filing Fee: \$25.00