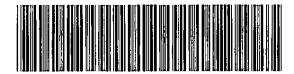
KZ2000144171

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	State/Zip/Phon	e #)
		_
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
	ū	





600388563936

06/10/22--01011--012 **25.00

2022 JUN 10 AM II: 40

. COVER LETTER

HYBRID FI	NANCE I LLC			
SUBJECT:	Name of Lim	ited Liability Company	·	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Alejandro Arguelles			
		Name of Person		
		Firm/Company		
	Name of Person Firm/Company 8954 NW 164th street Address Miami, FL, 33018 City/State and Zip Code Alex@hybrid.ventures E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: guelles at (
		Address		
	Miami, FL, 33018			
	Alex@hybrid.ventures	City/State and Zip Code		
	E-mail address: (to be used for future annual	report notification))
For further information co.	ncerning this matter, please ca	all:		
Alejandro Arguelles			0-8871	
Name of	Person		Daytime Teleph	none Number
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee		Certified Copy		Certificate of Status &
Mailing Address		Street A	idross.	

TO:

Registration Section **Division of Corporations**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 10 AM 11: 40

	HY	'BRID	FINA	NCE	1	LLC
--	----	-------	------	-----	---	-----

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

	· · · · · · · · · · · · · · · · · · ·	M. 33CE. FL
The Articles of Organization for this Limited	Liability Company were filed on 03/24	w/2022 and assigned
Florida document number L22000144171		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here	:
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	1
B. If amending the registered agent and/or	registered office address on our reco	ords, enter the name of the new register
agent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:	Alejandro Arguelles	
New Registered Office Address:	8954 NW 164th Street	
	Enter Florida	street address
	Miami	, Florida ³³⁰¹⁸
	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

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
MGR	Alejandro Arguelles	8954 NW 164th Street	≅ Add
		Miami, FL 33018	□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			
			Remove
			□Change

	. =								•		_
								-			_
								· <u>····</u>		·	
			-								_
											_
									_		_
			_,		. = =				# <u>\$</u>	2027	_
										NOF (
	•		·						<u> </u>	_	
					• •				ASS.	<u> </u>	- 1 - 1
									בייט בייט	AM 11: 40	
									<u>,217.</u>	<u>-</u> -	_
			<u> </u>								<u> </u>
				· · · · · · · · · · · · · · · · · · ·	<u> </u>						_
											_
				•							_
 -				-							_
	<u> </u>										_
Tective	date, if other t	han the date o	f filing: _					(option	al)		
an effecti ote: f	ive date is listed, the the date inserted i	n this block doe	and car s not mee	mot be prior t the applic	to date of t able statut	ding or more ory filing i	e than 90 da equiremer	ys after fil its, this d	ing.) Pursu ate will n	ant to 60 ot be lis)5.0207 (sted as t
ocument	t's effective date	on the Departme	ent of State	e's records	-						
								0.41	271 22.		
recora s is filed	pecifies a delayed	effective date, i	out not an	effective t	ime, at 12:	UI a.m. on	the earner	r of: (b)	The 90th	day an	ier ine
			· _		·						
ated				$\langle f \rangle$							
ated			- /	W / ^	,						
ated		Signatu	re of a men	nbc or auth	drized repre	sentative of	'a member				

Filing Fee: \$25.00