## 13000173406

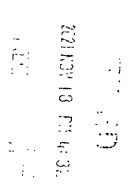
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A. BUTLER

DEC - 7 2021

## **COVER LETTER**

TO: Registration So Division of Con				
JIMY 55 L	LC			
SUBJECT:	Name of Lin	nited Liability Company		
m 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	GABRIELA SETRAKIAN	V		
		Name of Person	<del></del>	
	ARGENTAX LLC			
		Firm/Company	<del></del>	
	1241 CANARY ISLAND	DR		
	<del></del>	Address	<del></del>	
	WESTON, FL 33327			
		City/State and Zip Code		
	gabysetrakian@gmail.com			
	E-mail address: (	to be used for future annual report no	tification)	
For further information c	concerning this matter, please c	alł:		
GABRIELA SETRAKIAN		786 458-3493 at ()		
Name of Person		Area Code Daytir	me Telephone Number	
Enclosed 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 (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HMY 55 LLC

2021 P.D.Y 13 P.Y. 4: 32

	10 4. 3.	
( <u>Name of the Limite</u>	d Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
1.	the state of the s	
The Articles of Organization for this Limited Lia	ability Company were filed on $\frac{L13000123406}{}$ and assig	ned
Florida document number 08/30/2013		
	<del></del>	
This amendment is submitted to amend the follow	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	C."
-		
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
	BOX)	
	<u> </u>	
	<u></u>	
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re	egistered office address on our records, enter the name of the new	regis
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re	egistered office address on our records, enter the name of the new	regis
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re	egistered office address on our records, enter the name of the new	regis
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re	egistered office address on our records, enter the name of the new	regis
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, enter the name of the new	regis
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re agent and/or the new registered office address	egistered office address on our records, enter the name of the new	regis
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, <u>enter the name of the new</u> s here:	·

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 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>	Name	<u>Address</u>	Type of Action
MGR	EMILIANO BARBUSCI	10031 PINES BLVD STE 228	
		PEMBROKE PINES, FL 33024	□Remove
			□Change
	-	_	□Add
		<u></u>	□Remove
			[]Change
		<u></u>	□Add
			□Remove
			□Change
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			Change
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			□Remove
			□ Change

D. If amending any other information	m, enter change(s) here	. (zmach dadmonda sneets, y neets.	sar <sub>i</sub> .,,
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			·····
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and allowance transport in the			
E. Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applica	(option to date of filing or more than 90 days after filible statutory filing requirements, this o	nal) ling.) Pursuant to 605,0207 (3)(b) late will not be listed as the
If the record specifies a delayed effective or record is filed.	date, but not an effective tir	me, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated NOVEMBER 11	2021		
11,		_	
7 / / si	ignature of a member or autho	rized representative of a member	
EMILIANO BARBUSCI			

Filing Fee: \$25.00

Typed or printed name of signee