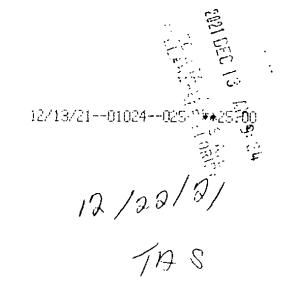
L21000497796

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
11-19-21					
eff					

Office Use Only



800377908158



COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations				
SUBJECT:	HPI CONSULTING LEC					
	Name of Limited Liability Company					
The enclosed	1 Articles of	Amendment and fee(s) are sub	mitted for filing			
			_			
Please return	all correspo	ndence concerning this matter	to the following:			
		Kevin Rash				
			Name of Person			
		HPI CONSULTING LLC				
			Firm/Company			
4 Inwood Way						
			Address			
	Indian Harbour Beach, Florida 32937					
			City/State and Zip Code			
		HPInsights@protonmail.com	n 10 be used for future annual report no			
For further is	nformation c	n-man address: (oncerning this matter, please of		ourication)		
KEVIN RAS		,	623 606-8219			
		f Person	at ()	· · · · · · · · · · · · · · · · · · ·		
	Same o	i Person	Area Code Dayt	ime Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25,00 F	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)		
	iling Addres gistration S		Street Address: Registration S	Section		
Division of Corporations		Division of Corporations				
P.C	D. Box 632	7	The Centre of			
Tal	llahassee, f	FL 32314	2415 N. Moni	oe Street, Suite 810		

2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	···
The Articles of Organization for this Limited Liability Company Florida document number L2000497796	were filed on 11/19/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		/
(Principal office address MUST BE A STREET ADDRESS)		.
Enter new mailing address, if applicable:		2021 E
(Mailing address MAY BE A POST OFFICE BOX)		EC S
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	City., Florida	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

HPECONSULTING LLC

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 add or removed from our records:					
IGR= M					
<u>itle</u>	Name	Address	Type of Action		
			□ Add		
			□Remove		
			☐ Change		
		/	□Add		
			□Remove		
			□ Change		
			□ Avela		
			五 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元		
			□Add		
		<u> </u>	□Remove		
		\ <u></u>	□ Change		
			□ Add		
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			Change		
			□ \\dd		
			□Remove		
			□ Change		

Filing Fee: \$25.00

Typed or printed name of signee

Kevin Rash