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J. DENNIS		

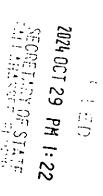
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2024 OCT 29 PM 1: 0.



## **COVER LETTER**

<b>TO:</b> Registration Division of O				
SUBJECT: HH RES	EARCH & MANAGEME	ENT, LLLP		
	ame of Florida Limited Pa		d Liabili	ty Limited Partnership
The enclosed Certifi	icate of Amendment a	and fee(s) are sul	bmitted	for filing.
Please return all cor-	respondence concerni	ng this matter to	):	
CHRISTOPHER RYAN	NBAUER, ESQ.			
	Contact Person			
HH RESEARCH & MA	NAGEMENT, LLLP			
	Firm/Company			
18911 COLLINS AVE	NUE, #1201			
	Address	_	<del></del>	
SUNNY ISLES BEACE	H. FL 33160			
(	City, State and Zip Code		<u></u> -	
chris@hh-research.com	1			
E-mail address: (to	be used for future annual	report notification	)	
For further informat	ion concerning this m	atter, please call	l:	
CHRISTOPHER RYAN	BAUER, ESQ.	786 at (	999.	4567
Name of Conta	ict Person		and Day	time Telephone Number
Enclosed is a check	for the following amo	ount:		
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	□\$105.00 Filing and Certified C		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:		Stree	t Addr	ess:
Registration Section			Registration Section	
Division of Corporat P.O. Box 6327	tions			Corporations of Tallahassee
Tallahassee, FL 32314				or ramanassee nroe Street, Suite 810
	• •			FL 32303

## CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP OF

HH RESEARCH & MANAGEMENT, LLLP

2024 OCT 29 PM 1:22 Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif 10/29/2024 assigned Florian control of the control of	icate was filed	with the Florida Department of State on
adopts the following certificate of amendment to	its certificate of	of limited partnership.
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the here</u> :	limited partner	ship or limited liability limited partnership
New name must be distinguis	hable and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:		
B. If amending mailing address and/or princi principal office address here:	ipal office add	ress, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or register registered agent and/or the new registered office ad		ss on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
	23.1167	
	City	, Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
PARTNER	CHRISTOPHER R. BAUER	18911 COLLINS AVENUE, #1201 SUNNY ISLES BEACH, FL 33160	<ul><li>Add</li><li>□ Remove</li></ul>
PALTNER	JOHNATHAN M. BLUHM	18911 COLLINS AVENUE, #1201 SUNNY ISLES BEACH, FL 33160	■ Add □ Remove
			□ Add □ Remove
			□ Add □ Remove
			☐ Add ☐ Remove
			□ Add □ Remove

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:
  - ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
  - ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of fili (Effective date cannot be prior to nor more than 9 (State.)	ing: 10/29/2024 O days after the date this document is filed by the Florida Department of
· ·	eet the applicable statutory filing requirements, this date will not epartment of State's records.
Signature(s) of a general partner or all	general partners*:
	uired to sign this document unless the limited partnership is adding or election statement. Chapter 620, F.S., requires all general partners to signed partnership" election statement.)
Terr	
	-
	<u>*</u>
Signature(s) of all new or dissociating go	eneral portner(s) if one
Signature(s) of an new of dissociating go	eneral partner(s), it any.
	≥
Atrotalo B. Bun	-)
Orl	
- fga	~··
	<u> </u>
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	