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(Re	equestor's Name)	
<u> </u>		
(Ad	ddress)	
(Ad	ddress)	
	10	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	J. HORNE	
	FEB 2 2 2024	
	, -	

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Cor	rporations				
eub ipzy.	нso но	LDINGS, LLC			
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	HU	MBERTO ORGA	NVIDEZ		
		Name of Person			
	н	SO HOLDINGS,	LLC		
		Firm/Company			
	78	351 SW 122nd S	Т		
		Address			
	PI	NECREST, FL 3	3156		
	-	City/State and Zip C	ode		
		inbiz@codebell			
		to be used for future am	nual report notifi	ication)	
For further information c	concerning this matter, please c	all:			
HUMBERTO	OORGANVIDEZ	305 at ()	975-4657		
Name o	of Person	Area Code	Daytime	Telephoi	ne Number
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy i	y		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S			et Address:	tion	
Division of C			istration Sec sion of Corp		าร
P.O. Box 632		The	Centre of Ta	allahass	see
Tallahassee. 1	FI. 32314	241	5 N. Monroe	Street	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HSO HOLDINGS, LLC

ARTICLES OF	AMENDME O	NT Property States on our records.)		
ARTICLES OF O		TION 2 2		
)KOANIZA I)F	2		
	,,			
HSO HOLDI	NGS. LLC			
(Name of the Limited Liability Comps (A Florida Limited		s on our records.)		
(A Florida Elimited	(давину Сопрану)			
The Articles of Organization for this Limited Liability Company	were filed on	06/12/2006 and assigned		
Florida document numberL06000059363				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	ere:		
HAVOK, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	Hity Company," the d	esignation "LLC" or the abbreviation "L.L.C,"		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		·		
Trincipal office address 91051 BE A STREET ADDRESS)		·		
Enter new mailing address, if applicable:	-	-		
(Mailing address MAY BE A POST OFFICE BOX)				
D. If an analysis the analysis and analysis and office	1 . 1			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, enter the name of the new register		
Name of New Registered Agent:				
New Registered Office Address:	Enter Flor	rida street address		
	Emer Fioriaa Street daaress			
		Elouid.		
	City	, Florida		

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
			□Add
			□Remove
			□Change
			□Add
			□ Remove
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(If an effective Note: If		e specific and cannot be prior to a k does not meet the applicabl	(optional) date of filing or more than 90 days after filing.) Pursuar e statutory filing requirements, this date will not	
f the record ecord is filed		ate, but not an effective time	e, at 12:01 a.m. on the earlier of; (b) The 90th d	ay after the
Dated _	January 10th	2024		
	Sin	gnature of a member or authoriz	ed representative of a member	
	.71		U	
		HUMBERTO OR	(GANVIDEZ	

Typed or printed name of signee