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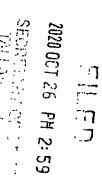
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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A. 104/20

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HPAHMOVE DEVELOPMENT RYTHERS OF AMERICA, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LOUIS C MCrapner III Name of Person
Heathbare Development Partners of America, LLC
130 SE Tramonto Street Address
POXT St. LIXIE, FL 34984 City/State and Zip Code
LMUTGENIET ENCOLHNOYE ACTEUDMENT, (and JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alterracin Phillips / Allaw at (50) 789-0183 Name of Person at (50) Daytime Telephone Number
Enclosed is a check for the following amount:
▼\$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

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

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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
MGRM	CTC Business Solutions, Inc.	7284 W Palmetto Park road	🗆 Add
		Suite 307s,	_ DRemove
		Boxa Ration, FL 33433	□Change
			🗆 Add
			□Remove
			_ Change
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 effective date is listed, the date te: If the date inserted in the 	the date of filing:	
cord specifies a delayed eff s filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ed 10 · 19	2020.	
	Signature of a member or authorized representative of a member	
	AL PHILLIPS ESO APLAW LLC Typed or printed name of signee	

E:1: E 635.00