

LD9000021756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Amend  
Name Chg

DEC 08 2021  
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2021 DEC -7 PM 4:01  
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**WALK IN**

**PICK UP:** 12/7 Glinda

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** LLC AMEND \_\_\_\_\_

- 1. HSIL, LLC  
(CORPORATE NAME AND DOCUMENT #)
- 2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HSIL, 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:

Joseph A. Porrello  
Name of Person

Joseph A. Porrello, P. A.  
Firm/Company

7700 N. Kendall Drive, Suite 602  
Address

Miami, Florida 33156  
City/State and Zip Code

nancy@negproperty.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Porrello at (305) 374-0092  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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  
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**

HSIL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/05/2009 and assigned Florida document number L09000021756.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

2543 E. Tremont, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)**

3696 North Federal Hwy

Suite 203

Fort Lauderdale, FL 33308

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3696 North Federal Hwy

Suite 203

Fort Lauderdale, FL 33308

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Brett E. Lang	3696 North Federal Hwy	<input checked="" type="checkbox"/> Add
		Suite 203	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33308	<input type="checkbox"/> Change
MGR	Ira Lang	6218 NORTH FEDERAL HIGHWAY	<input type="checkbox"/> Add
		FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 3, 2021

/s/ Brett E. Lang \_\_\_\_\_  
Signature of a member or authorized representative of a member

Brett E. Lang \_\_\_\_\_  
Typed or printed name of signee