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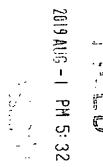
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COVER LETTER

SUBJECT:	Name of Limited	Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitt	ed for filing.	
Please return all corresp	oondence concerning this matter to the	ne following:	
	Ruth Maxwell		
	Hiregy Integrated Solutions LI	Name of Person	
	801 Northpoint PKWY 109	Firm/Company	 -
	West Palm Beach, Florida 33-	Address	
	hired@hiregyintegratedsolution		
For further information	E-mail address: (to be concerning this matter, please call:	used for future annual report notif	fication)
Ruth Maxwell		561 7216414 ai()	
Name	of Person	Area Code Daytime	c 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:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUED

2019 AUG - 1 PM 5: 32 Hiregy Integrated Solutions 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 05/05/2010 and assigned Florida document number _ L10000048524 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing 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.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

____, Florida ____

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>	Type of Action
MGR	Carl Matthews	801 Northpoint PKWY, suite 109 West Palm Beach, Florida 33407	
			Remove
			Change
			Remove
			Change
			Add
			Remove
		<u>_</u>	Change
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			Change

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an effective date is listed, the date ote: If the date inserted in the	is block does not meet the	applicable statutory fi	more than 90 days after filling	sa I Duminina to 606 0307
ocument's effective date on the	ne Department of State's re	cords.		· · · · · · · · · · · · · · · · · · ·
e record specifies a dela The 90th day after the	record is filed.	ut not an effective	: time, at 12:01 a.m	. on the earlier of
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00