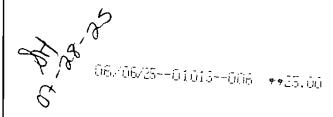
## L10000063084

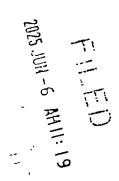
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## **COVER LETTER**

	gistration Se dision of Cor		,			
	HAWM PL	LC		•		
SU <b>B</b> JECT:	<u> </u>	Name of Lim	ited Liability Company	<u> </u>		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	i all correspo	ndence concerning this matter	to the following:			
		DIMI SYBLIS				
			Name of Person	<del></del>		
		HAWM PLLC				
			Firm/Company	<del></del>		
		641 NORTH RIO GRANI	DE AVENUE			
		-	Climited Liability Company  e submitted for filing.  atter to the following:    Name of Person			
		ORLANDO, FL 32805				
			City/State and Zip Code	<del></del>		
		OFFICEMANAGER@HA				
		E-mail address: (	to be used for future annual report (	notification)		
For further i	nformation c	oncerning this matter, please ca	all:			
DIMI SYBI	LIS					
	Name o	f Person	Area Code Day	time Telephone Number		
Enclosed is:	a check for th	ne following amount:				
<b>\$25.00</b>	Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
<u>Ma</u>	iling Addres	<u>s:</u>				
Re	gistration S	Section	Registration Section			
	vision of C D. Box 632	orporations 7				
	J. Box 032 Hahassee, I			roe Street. Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2025 JUNI - 6 AM II: 19

HAWM PLLC

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

(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company v. Florida document number $\frac{L10000063084}{L10000063084}$ .	were filed on 06/14/20		ssigned <sup>r</sup>
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designat	ion "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del></del> -	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of my di	uties, and I am familiar w	ith and

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALISIA ADAMSON	641 NORTH RIO GRANDE AVENUE	□Add
		ORLANDO. Fl. 32805	Remove
			<b>≣</b> Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		_	□Add
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		<del></del>	□Remove
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ffective date, if othe an effective date is listed,	r than the date of the date must be specif	filing:	ior to date of filing o	or or more than 90 days at	tional) ler tiling.) Pursuant	to 605.020°
<b>Note:</b> If the date inserted ocument's effective date.	ed in this block does	not meet the app	licable statutory fi	lling requirements, t	his date will not b	oe listed as
wedness senective da	te on the Departmen	tor state s recon	us.			
record specifies a delay	ved effective date, bu	at not an effective	time, at 12:01 a.i	n, on the earlier of:	(b) The 90th da	y after the
d is filed.						
		2025				
JUNE 3RD		—·/ <del>/</del> _	··	<b></b> .		
JUNE 3RD		// //				
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Filing Fee: \$25.00