	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEYS USA RETAIL DIVISION, LLC

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-	O SECENTAL OF STATE DRGANIZATION TALLAPLESE , FLORIDA	
HEYS USA Retail Division, LLC		
(Narce of the Limited Liability Compa (A Florida Limited]	ny as il now appears on sur records.) Liabillty Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000107490</u> .		
This amendment is submitted to amend the following:		
A. If amending name, onter the new name of the limited liab	uity company here:	
HU Retail Division, LLC		
The new name must be distinguishable and end with the words "Limited Liab	· · · · · ·	
Enter new principal offices address, if applicable:	785 (randon Blvd #402	
(Principal office address MUST BE A STREET ADDRESS)	Ley Biscay Ne, FL 33149	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	785 crandon Blvd #402 Key Biscayne, FI 33149	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, <u>enter the name of the new</u> ≌	
Name of New Registered Agent:	ron Sheikh	
New Registered Office Address; 785	Crandon Blvd. #402	

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

Florida

Zio Code

Page 1 of 3

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			D Add
			C Remove
			🗆 Add
		•	Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change address of Mangers to:
<u>Change address of Managers to:</u> 785 Crandon Blud # 402
Key Biscayne FL 33149
E. Effective date, if other than the date of filing:
the date this document is filed by the Florida Department of State) Dated (1) () () () () () () () () () () () () ()
Dated
Signature and monther of autofized representative at a member

Page 3 of 3 Filing Fee: \$25.00



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