## 114000071906

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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
SO Manage	er, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Shelley Marciano				
		Name of Person	<del></del>		
	WLD Enterprises, Inc.				
		Firm/Company			
401 East Las Olas Boulevard, Suite 2200					
		Address			
	Fort Lauderdale, Florida 3	3301			
		City/State and Zip Code			
	CLong@WLDENT.com				
	E-mail address: (	to be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please c	all:			
Shelley Marciano		954 774-3335			
Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration 9		Street Address: Registration Sec	tion		
Division of Corporations		Division of Corp	Division of Corporations		
P.O. Box 632	.7	The Centre of Ta	allahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SO Manager, LLC		25
<u> </u>	iability Company as it now appears on our records.) lorida Limited Liability Company)	
		• •
The Articles of Organization for this Limited Liabil	ity Company were filed on	and assigned
Florida document number L14000071906	·	
his amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
HRCI Manager, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A		
Time par tiffice address (1051 bb 115111bb 171		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	x)	
Muning understanding by Took Of The Do		
B. If amending the registered agent and/or regis	stered office address on our records, enter the	name of the new regist
agent and/or the new registered office address he	· ·	
Name of New Registered Agent:		
-	-	
New Registered Office Address:	Enter Florida street address	
	Ener From a sire that ess	
_	, Florid	aZip Code
	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 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
MGR	Linda H. Roth	401 E. Las Olas Blvd, #2200, Ft Lauderdale, FL 3330	)ł _ ≣Add
			_ □Remove
			_ Change
			_ □Add
			_ □Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_ □Add
			_ Remove
			_ Change
			_ □Add
			□Remove
		-	_ Change
			_ □Add
			□Remove
			_ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
		<del></del>
		<del></del>
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		· <del>-</del>
		<u> </u>
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ffective	e date, if other than the date of filing:	
iote: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu the date inserted in this block does not meet the applicable statutory filing requirements, this date will n	
ocumen	t's effective date on the Department of State's records.	
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
is filed		
	Decaylour 19	
ated _	December 19. 2024.  Signature of a member or authorized representative of a member	. 2
	lumin	7625
	Signature of a member or authorized representative of a member	;- <u>-</u> _
	David W. Horvitz, Manager	
	Typed or printed name of signee	

Filing Fee: \$25.00