

L15 0000013900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

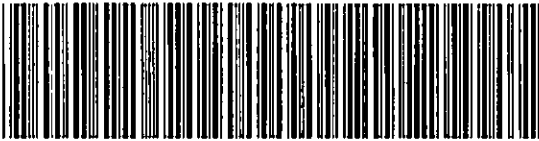
(Business Entity Name)

(Document Number)

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1. The first group of people who are not in the labor force are those who are not in the labor force because they are not in the labor force.

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RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 FEB 17 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FL

January 26, 2022

JAMES SIEMON  
1335 OKEECHOBEE RD, STE 1100  
WEST PALM BEACH, FL 33401

SUBJECT: HALSEY & GRIFFITH OFFICE SOLUTIONS LLC  
Ref. Number: L15000013900

We have received your document for HALSEY & GRIFFITH OFFICE SOLUTIONS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 522A00002067

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HALSEY & GRIFFITH OFFICE SOLUTIONS 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:

James L. Siemon

Name of Person

Halsey & Griffith Office Solutions, LLC

Firm/Company

1335 Okechobee Road, Suite 1100

Address

West Palm Beach, FL 33401

City/State and Zip Code

jsiemon@halsey-griffith.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James L. Siemon

561

820-8028

at ( )

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**

22 FEB 17 PM 3:18

\_\_\_\_\_  
(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 January 23, 2015 and assigned  
Florida document number L15000013900.

This amendment is submitted to amend the following:

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

HGI Technologies, 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)**

**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 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**


[illegible]

[illegible]

January 1, 2022

**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.

Dated February 8, 2022

  
James L. Siemon

Signature of a member or authorized representative of a member

James L. Siemon

Typed or printed name of signee