L15000 048 922

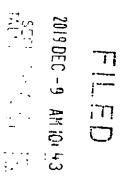
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000337516450

12/09/19--01018--029 **30.00



Y SULKER
JAN 15 2029

COVER LETTER

TO: Registration Section **Division of Corporations** HIDEKEL INTERNATIONAL, LLC SUBJECT: _ 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: ANGEL ARIEL RYWAKA Name of Person HIDEKEL INTERNATIONAL, LLC Firm/Company 1200 Brickell Ave, Suite 1950 Address Miami, FL 33131 City/State and Zip Code ariel.rywaka@hidekelinternational.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANGEL ARIEL RYWAKA 786 942 7219 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIDEKELINTERNATIONAL, LLC

(<u>Name of the Limited Li</u> (λ Fl	ability Compa orida Limited I	ny as it now appears on our recordability Company)	rds.)
The Articles of Organization for this Limited Liabili Florida document number $\frac{1.15000048922}{1.15000048922}$		were filed on	and assigned
This amendment is submitted to amend the following	r :		
A. If amending name, enter the new name of the	limited liab	ility company here:	
The new name must be distinguishable and contain the words	Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	1200 Brickell Ave. Suite 1950	0,
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33131	
Enter new mailing address, if applicable:		1200 Brickell Ave, Suite 1950	2019 D
(Mailing address MAY BE A POST OFFICE BOX)	2	Miami, FL 33131	
B. If amending the registered agent and/or regist agent and/or the new registered office address here. Name of New Registered Agent:		address on our records, <u>ente</u>	r the name of the new registere
12	200 Brickell A	we, Suite 1950	
New Registered Office Address:	- .	Enter Florida street addre	ess
<u>M</u>	iami —	F	Norida
		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

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
 _			
			□Remove
			\ \ \ \
			□Remove
			□Add
			□Remove
			□Add
			□Remove

	
	
(If an a	tive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he rec	ord 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 filed.
ora is	
Date	
	d
	12/04/2019

Filing Fee: \$25.00