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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
HSCR FLA	WLESS LLC		
SUBJECT:		ited Liability Company	
The applicant Articles of	Amendment and fee(s) are sub-	mittad for filing	
		_	
Please return all correspo	indence concerning this matter	to the following:	
	Darryl E. Leonard Jr		2018 APR 30
	· · ·	Name of Person	
	HSCR FLAWLESS LLC		(S)
		Firm/Company	
	424 SW Columbus Dr		00 2: 3
	······································	Address	္ စ
	Port St. Lucie, FL 34953		
		City/State and Zip Code	······································
	Hscr.Flawless@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all;	
Darryl Leonard Jr		561 201-5619	
Name o	f Person		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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	n ations
P.O. B			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HSCR FLAWLESS LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited	ny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited L	iability Company	were filed on 03/28/20	and assigned
This amendment is submitted to amend the fol	lowing:		The case of the ca
A. If amending name, enter the new name o	of the limited liab	oility company here:	
HSCR FLAWLESS GAME XCHANGE LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	
Enter new principal offices address, if appli	cable:	2032 Portland Avenu	e Wellington, FL 33414
(Principal office address MUST BE A STREET ADDRESS)			₩. 60
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	· BOX)	424 SW Columbus D	r Port St. Lucie, FL34953
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	records, enter the name of the ne
	2022 D11.	•	
New Registered Office Address:	2032 Portland	Avenue Enter Florida str	and adhaes
		enter r torida str	
	Wellington		, 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 Roatstered Agent Signature of New Registered Agent

Page 1 of 3

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>	Name	<u>Address</u>	Type of Action
MGR	Darryl Leonard Jr	424 SW Columbus Dr	
		Port St Lucie, FL 34953	Remove
			Change
AMBR	Darryl Leonard Sr	2032 Portland Avenue	□ Add
		Wellington, FL 33414	□Remove
			The Change
	**************************************		22 QRemove
			□ Change
			□ Add
			☐ Remove
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blaceument's effective date on the D	be specific and cannot be prior to date of filing or mor ck does not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursi requirements, this date will r	uant to 605.021 tot be listed a
e record specifies a delayed The 90th day after the rec	effective date, but not an effective tir rd is filed.	ne, at 12:01 a.m. on t	he earlier
	2018		
April 26 Dated	2016		
Dated April 26	2016		
Dated April 26	Supplet of authorized representative o	f a member	

Page 3 of 3

Filing Fee: \$25.00