## 16000123931

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HSL Collins Avenue 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:
Richard Jacinto II
Firm/Company
4775 Collins Ave Ste 3003
Miami Beach FL 33140 City/State and Zip Code
E-mail aduless: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Jacinto II at (718) 360-6000  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certificate o

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

HSL Collins Avenue (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000123931</u> .	were filed on June	28, 20/6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabs  Pristine Hemp Broducts L  The new name must be distinguishable and contain the words "Limited Liabil	<u>'</u>	OLIC or the abbrariation of LC
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	NA NA	ELC of the above rather than the second rathe
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PM 3: 35
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, g	enter the name of the new registered
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street	uddress
	/ tim	_, Florida Zip 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	NA		□Add
			🗆 Remove
			🗆 Change
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			□Change

<i>NA</i>	
	2020 JAN SECRET
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date tote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, a I is filed.	(12:01 a.m. on the earlier of: (b) The 90th day after the
ated January 16 2020.  Signature of a member or authorized	Tight representative of a member
Richard Jacinto Typed or printed nan	