## 116000129605

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## **COVER LETTER**

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TO:	Registration Se Division of Cor			
	HRC Devel	lopment LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following.	
		Katie Shenko		
			Name of Person	
		Shenko Business Law PLI	C	
			Firm/Company	
		5944 Coral Ridge Drive,#	138	
			Address	<del></del>
		Coral Springs, FL 33076		
			City/State and Zip Code	<del></del>
		katie@shenkolaw.com E-mail address: (	to be used for future annual report no	trification)
For furt	her information c	concerning this matter, please ca		
Katie S			954 3991612	
	Name (	of Petson	at () Area Code Daytii	ne Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>■</b> \$25	5.00 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 tadditional copy is enclosed)
	Regist Divisi	JNG ADDRESS: ration Section on of Corporations tox 6327	STREET/COUP Registration Sect Division of Corp Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HRC DEVELOPMENT, LLC

( <u>Name of the Limited Liability</u> (A Florida I	y Company as it now appears on Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability Co Florida document number <u>L16000129605</u>	ompany were filed on 7/8/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:	ered office address on ou	er records, enter the name of the ne
		Florida
		, Florida Zip Code
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coacept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capa capture performance of my cut as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is
company has been notified in writing of this change.	H 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
DIR Morgan V	Morgan Villanueva	888 BISCAYNE BLVD	□ Add
		SUITE 500	■ Remove
		MIAMI, FL 33132	Change
PRIN	Frank Moradiellos	888 BISCAYNE BLVD	
		SUITE 500	■ Remove
		MIAMI, FL 33132	☐ Change
			D Add
			☐ Remove
			☐ Change
		Removen	
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Effective date, if other than the da	ate of filing: (optional)
(If an effective date is listed, the date must be Note: If the date inserted in this block	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 ( k does not meet the applicable statutory filing requirements, this date will not be listed as t
document's effective date on the Dep	
the record specifies a delayed of the record ). The 90th day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earlier of: d is filed.
Dated September 14	2018
	Rostyslav Durnych  gnature of a member or authorized representative of a member
St	gnature of a member or authorized representative of a member
Rostyslav Dumych	
	Typed or printed name of signee

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Filing Fee: \$25.00