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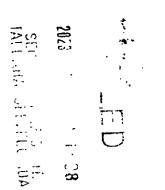
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp				
SUBJECT: GAR)	HECTOR L	LC		
301101. <u>111111</u>	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	GARY ME	Name of Person		
	GARY HECT	OR LLC Firm/Company		
	184 Whirlan	ay Drive		
		Address	2023 121	
	Davenport,	FL 33931 City/State and Zip Code		
	Ghectoroo'	City/state and Zip Code to be used for future annual report notifi	• • • • • • • • • • • • • • • • • • • •	
For further information co	ncerning this matter, please ca	all:		
GARY HECTOR	2 SR	at (813) 802-61	637 EN S	
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	S30.00 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:		Street Address:	tion	
Registration Se Division of Co		Registration Sec Division of Corp		
P.O. Box 6327		The Centre of Ta		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or Florida document number 11700039914	n <u>2 20 2017</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	As 20
Principal office address MUST BE A STREET ADDRESS	
	<u> </u>
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 o gent and/or the new registered office address here: Name of New Registered Agent:	ur records, <u>enter the name of the new reg</u> i
New Registered Office Address:	
	r Florida street address

Ciny	Florida Zip Code

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 184 WHIRLAWAY DRIVE	Type of Action
MGR	LAKE Y. HECTOR	DAVENPORT, FL 33837	OPAdd
			□Remove
			□Change
			□Add
			□Remove
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		2	□Remove
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			□Change

	
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to	o date of filing or more than 90 days after filing.) Pursuant to 605.0207
te: If the date inserted in this block does not meet the applical cument's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but not an effective tings filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
is filed.	
ecord specifies a delayed effective date, but not an effective time is filed. Tanuary 17, 2023 Tanuary 8, Finature of a member or author	

Filing Fee: \$25.00