# 117000099235

(Requ	uestor's Name)	
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☐ PICK-UP		☐ MAIL
(Busi	ness Entity Name)	-
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Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	· .

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# **COVER LETTER**

TO:	Registration Sectorial Division of Corp			
SUBJI	ECT:	HL Name of Limi	EXPORT LLC ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
			Xuan T DAN Name of Person	<u>(</u>
			HLC GROUP Firm/Company	LLC_
		408	CJ SW CHERIBON	1 57
		PORT	- ST LUCIE FL City-State and Zip Code	34953
		b-mail address (to	o be used for future annual report notific	nation)
For fu	ther information col	ncerning this matter, please ca	ill:	
	Name of	T DANG	at ( <u>772</u> ) <u>924</u> Area Code Daytime	- 8339 Telephone Number
Enclos	ed is a check for the	following amount:		
□ \$2	5,00 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:

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

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EXPORT (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{5}{23}$   $\frac{2017}{2017}$  and assigned Florida document number <u>L1700099235</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HLC GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: 4089 SW CHEKIBON ST (Principal office address MUST BE A STREET ADDRESS) SW CHERIBON ST 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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: N/A Enter Florida street address New Registered Office Address:

#### 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: FILEU 2017 JUL -5 PM 4:19 MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> □ Add ..□ Remove \_\_\_\_ Change □ Add ☐ Remove \_ Change \_□ Remove \_□ Change \_□ Add \_□ Remove \_\_\_\_\_ Change \_\_ 🗆 Remove \_\_\_\_\_ □ Change \_\_\_\_\_ □ Remove \_\_\_\_\_ Change

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te: If the date inserted in this	he date of filing:  must be specific and cannot be prior to date of film block does not meet the applicable statutor Department of State's records.	(optional) ng or more than 90 days after filing (Pursuant to 605.02 ry filing requirements, this date will not be listed)
record specifies a delay The 90th day after the re		tive time, at 12:01 a.m. on the earlier
10d	2017	
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	2017  Warn Am  Signature of a member of authorized representations.	mative of a member

Page 3 of 3

Filing Fee: \$25.00