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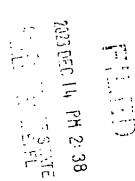
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KH HHZY

COVER LETTER

Division of Cor			
SUBJECT: H&M CRC	OWS NEST LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAYMOND SUSSEK		
		Name of Person	<u></u>
	H&M CROWS NEST LL	C	
		Firm/Company	
	836 GRAND REGENCY	POINTE BLDG 5 UNIT 202	
		Address	
	ALTAMONTE, FL 32714		
		City/State and Zip Code	
	RJR200@GMAIL.COM		 .
		to be used for future annual report notificati	on) (7)
For further information e	oncerning this matter, please c	all:	
ROBERT ROSNER		516 526-9511 at()	. +
Name o	of Person	Area Code Daytime Tel	lephone Number
Enclosed is a check for the	he following amount:		2: 38
☐ \$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)

Mailing Address:

Registration Section

TO:

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

H&M CROWS NEST LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of 1.47000105188	on <u>05/11/2017</u> and assigned
Florida document number L17000105188	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	nny here:
The new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	. 78
maning address mail bb at 1051 Of Fee. bo.y	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on	our records onter the name of the flow registers
agent and/or the new registered office address here:	our records, enter the name of the new registere
	المان
N SN D'. IA	11 (a)
Name of New Registered Agent:	, -, -
New Registered Office Address:	
	ter i lorida street address
	, 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 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
MGR	HUNTER SUSSEK	836 GRAND REGENCY POINTE	□ Add
		BLDG 5 UNIT 202	■Remove
		ALTAMONTE. FL 32714	□Change
MGR	RAYMOND SUSSEK	836 GRAND REGENCY POINTE	= Add
		BLDG 5 UNIT 202	□Remove
		ALTAMONTE, FL 32714	
 -			
			□Remove
			□Change
			□ Add
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			□Change
			□Add
			Remove

Page 2 of 3

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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	DECEMBER 1	2023	
		Dated	,	
		,		
	ROBERT ROSNER		Signature of a member or authorized representative of a member	
	ROBERT ROSNER			