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17 AUG 21 PH 3 O SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: Hyz	Name of Limited) Liability Company		
The enclosed Articles of An	nendment and fee(s) are submit	ited for filing.		
Please return all correspond	ence concerning this matter to t	the following:		
	Hayle	Name of Person		
	Hyz!	y Enterpris	<u>C5</u>	
	<u>808 A</u>	ELDEUM Address	Drive	
	Baran	FL 33511 City/State and Zip Code		
	HUZIUSI DOLGO	, USINOO , COM reused for future annual re) port notification)	
For further information cond	cerning this matter, please call:			
Hayley Marsh	<u>Öll</u> erson	at (<u>813</u>) Area Code	7743 - 11645 Daytime Telephor	ne Number
Enclosed is a check for the f	following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		S60.00 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

HUZIU ENFO Joname of the Limited Liah (A Flori	ility Company as it now appears on ida I imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L.1700017055</u>	Company were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ration "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	41 M. A. MAN M. A. MAN MAN MAN AND AND AND AND AND AND AND AND AND A	ZS Z MA
(Principal office address MUST BE A STREET ADL	ORESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		G 21 PH 3 01
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	
	City	, Florida 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:

AMBR = At	mager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Note: If the	date inserted in	tan the date of date must be speci this block does on the Departmen	not meet	the applicab	date of filing le statutory	or more than filing requir	(option 20 days after fi ements, this d	al) ing.) Pursuant ate will not l	to 605.0207 (3) be fisted as the
		elayed effect he record is f		, but not	an effecti	ve time, a	t 12:01 a.r	m. on the	earlier of:
Dated	lugust	10 th		1017) M/		L1			
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-		Signauro	v of a picint	oer or aushori	zed represent	ative of mer	nber		

Page 3 of 3

Filing Fee: \$25.00