Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002927583)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROTHMAN & TOBIN, P.A.

Account Number : I20000000031

Phone

: (305)895-3225

Fax Number

: (305)895-7175

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HRLP LLC

Certificate of Status 0 Certified Copy Page Count 01 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT 7 2017 VON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan	y as it now appears on our	records.)		
(A Florida Limited Li	nbility Company)			
The Articles of Organization for this Limited Liability Company v	were filed on October 26	. 2017 ย	nd assigned	
Florida document number L17000222295				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
HRCP LLC				
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	n "LLC" or the abbreviati	on "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				_
		₩.	- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	
Enter new mailing address, if applicable:	Charles Comment			
(Mailing address MAY BE A POST OFFICE BOX)		±i:	AUR	
		<u>်</u>		1
		<u> </u>	7.	111
B. If amending the registered agent and/or registered off	ice address on our r	ecords, enter the n	ame of the	2 new
registered agent and/or the new registered office address here	!	ORID	2	
		· 4.		
Name of New Registered Agent:				_
New Registered Office Address:	San Statistics			
	Enter Florido street address			
	City	, Florida	Code	
Non-Besiden d America Countries of the swing Designand Agents	Cny	24	CINUZ	
New Registered Agent's Signature, if changing Registered Agent:			9	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut rovided for in Chapter	ies, and I am familia · 605, F.S. Or, if this	r with and document	•
	٠	•		

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	RAFAEL COUTO	4370 S.W. 4 Street	■ Add
		Miami, FL 33134	□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			A: Di Remoye
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	SEE, HLORII A
			D Change
			□ Aċd
			Remove
		-	Change
			Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			☐ Remove
			Change

. If amending any other information, enter change(s) here: (Attach addistinal shee	
	· · · · · · · · · · · · · · · · · · ·
	- 10v
	SEE P
	0: 2
	p ·
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) 10 days after filing.) Pursuant to 605.0207 (3)(b) 10 ements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at the 90th day after the record is filed.	t 12:01 a.m. on the earlier of:
Dated	
Vie Poutan	
Signature of a member or authorized representative of a mer	nber
HILDA COUTO, as Authorized Member	1

Page 3 of 3

Filing Fee: \$25.00