(Requestor's Name) (Address)
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(City/State/Zip/Phone #)
(City/State/2)pr=11011e #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
	Chad Coste	ello, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Chad Costello		
			Name of Person	
		Chad Costello, LLC		
			Firm/Company	
		15382 Destiny Drive		
			Address	
		Delray Beach, FL 33446		
		chadcostello@hratlorida.co	City/State and Zip Code m	
		E-mail address: (to be used for future annual report notif	ication)
For tur	ther information c	oncerning this matter, please ca	all:	
Chad	Costello		561 452-1387	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 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 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	0 -	<u>}-</u> C ∞
Chad Costello, LLC		OCT ARIX
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	29 \$SEE
The Articles of Organization for this Limited Liability C Florida document number 1.17000238913	Company were filed on 11/20 2017	and assigned.
This amendment is submitted to amend the following:	<u> </u>	\$ \frac{1}{2} \text{\$\infty}\$
A. If amending name, enter the new name of the lim	uited liability company here:	
HRA Investments, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Matthew T. Hagan	15382 Destiny Drive Delray Beach, FL 33446	= Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
			☐ Change
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ective date, if other than the reffective date is listed, the date mus	date of filing:	4.a eest	(optional)	D
te: If the date inserted in this blomment's effective date on the De	ock does not meet the app	dicable statutory filing	requirements, this date w	ill not be listed:
record specifies a delayed he 90th day after the reco	effective date, but ord is filed.	not an effective ti	me, at 12:01 a.m. o	n the earlier
October 26	2018			
71	0			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00