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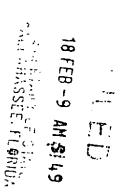
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COVER LETTER

TO:	: Registration Sec Division of Corp						
SUBJECT: HL BUILDING SOLUTIONS ELC Name of Limited Liability Company							
Plea	ise return all correspor	ndence concerning this matter	to the following:				
		OSCAR HORACIO ZAPA	·ΤΛ				
			Name of Person	<u> </u>			
		O.Z. ACCOUNTING SEI	RVICES INC				
			Firm/Company	···			
		70 CAMINO DEL RIO					
			Address				
		PORT ST. LUCIE, FLOR	IDA 34952				
			City/State and Zip Code	 			
		ozaccounting7@Hotmail.co					
		E-mail address: (t	to be used for future annual report notific	ration)			
For	further information co	ncerning this matter, please ca	all:				
Osc	ar Horacio Zapata		at () 361-3653 Area Code Daytime				
	Name of	Person	Area Code Daytime	Felephone Number			
Enc	losed is a check for the	e following amount:					
	\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

HL BUILDING SOLUTIONS LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	 _
The Articles of Organization for this Limited Liability Company w	vere filed on 01/29/18	and assigned
Florida document number L18000026029 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or t	the abbreviation "L.1C."
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)		
		
		S I
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		CT:
registered agent and/or the new registered trince address here.		
Name of New Registered Agent:		- 5
New Registered Office Address:		3 *
	Enter Florida street address	
	, Florid	a
 _	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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LOURDES I. COSTA	231 SW PALM DR - SUITE 201	■ Add
		PORT ST. LUCIE, FL 34986	□ Remove
·		50%	□ Change
AMBR	HENRY SILVA VILLAMIZAR	231 SW PALM DR - SUITE 201	■ Add
		PORT ST. LUCIE, FL 34986	□ Remove
		50%	☐ Change
			D Add
			Change SSECTION & Comove
			Change
			Add
			□ Remove
			Change

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Effective date, if o	ther than the date sted, the date must be sp	of filing:		1	(optional)	025	製	
Note: If the date in:	sed, the date must be sp serted in this block d e date on the Departi	oes not meet the a	pplicable statut	ory filing requiren	ents, this date	A•ill not	i be list	cd a:
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Typed or printed name of signee

Filing Fee: \$25.00