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COVER LETTER

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SUBJECT:	Name of Lim	ited Liability Company	
		_	
		To and removing	
TO: Registration Section Division of Corporations SUBJECT: HILAN STLVA LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TOHD STLVA Name of Person			
	Stwa I	NTERIOR RENOVAT	JONS_
	2850	ROCKWOOD COVE	234 -965 -965 -9663 - Telephone Number - S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	SARASO-	TA FL 342 City/State and Zip Code	234
	woodwork E-mail address: (KER 324 @ GM A to be used for future annual report noti	a し、Co M fication)
For further informat	tion concerning this matter, please ca	all:	
JOHN	SILVA	at (321) 543-	-9663
174	ane of reison	Area Code Dayuni	e reteptione Number
Enclosed is a check	for the following amount:		
▼ \$25.00 Filing F		Certified Copy	Certificate of Status & Certified Copy
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P O Box	•	The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HAY 31 AH 10: 10 ARY STLUA LLC
ame of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) IAL 02/06/2018 and assigned The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number <u>L18000033747</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
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an effecti lote: If t	date, if other than the date of filing:	
record sp l is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
ated	5/26/2023 Righture of a member or authorized representative of a member	
	u ·	
	JOHN STRUA Typed or printed name of signee	

Filing Fee: \$25.00