

4/23/2020 4:25 PM

Division of Corporations

0409 P. 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC  
Account Number : I20160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HLG CAPITAL LLC**

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Certified Copy	0
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Estimated Charge	\$30.00

APR 24 2020

**S. YOUNG**

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Corporate Filing Menu

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2020 APR 23 AM 9:24

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
HLG CAPITAL LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 07/18/2018 and assigned Florida document number: L18000173467

2020 APR 23 AM 9:24

FILED

Article I

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 "L.L.C."

Article II

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

5401 S. KIRKMAN RD STE 135 ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5401 S. KIRKMAN RD STE 135, ORLANDO, FL 32819

Article IV

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: US TAX CONSULTING INC

New Registered Office Address: 5401 S. KIRKMAN RD STE 135, ORLANDO FL 32819

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

Title	Name	Address	Type of Action
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C. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: April 23<sup>rd</sup>, 2020



Signature of a member or authorized representative of a member

Rodrigo Padilha / AMBR

Typed or printed name of signee

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