L18000 a09638

| (Requestor's Name) | |
|---|------------------------|
| (Address) | 500355234845 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 11/16/2001006018 **25. |
| (Business Entity Name) | |
| (Document Number) | 2020 |
| Certified Copies Certificates of Status | ·-· |
| Special Instructions to Filing Officer: | 0.00 |
| | |

Office Use Only

CERCITORS I ALBRITTON

COVER LETTER

| SUBJECT: | | SERVICES, LA | <u>د</u> |
|--|--|--|--|
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | CCA TOTTEM Name of Person | |
| | HK A | -DVISORY SERVICE | <u></u> |
| | 15480 CA | MP DUBOIS CRESC Address | CELIT— |
| | ~ CK | City/State and Zip Code to the Chame to be used for future annual report no | 21. com |
| For further information of | concerning this matter, please ea | · | |
| REBE. | - | at (407) 92- Area Code Daytin | 7-/16/ me Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| S25.00 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 Addre Registration Division of C P.O. Box 632 | Section Corporations | Street Address: Registration S Division of Co The Centre of | orporations |

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| HR ADVISOR | y SERVICES, L | LC |
|---|---|----------------------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | v as it now appears on our records. ability Company) | .) |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>LIX000209638</u> . | were filed on8 31 2 | ol8 and assign |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | | |
| | N/A | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" | or the abbreviation "L.L.C |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | NA | ~1 |
| | | .=-, |
| Enter new mailing address, if applicable: | | · |
| (Mailing address MAY BE A POST OFFICE BOX) | MA | |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter t</u> | he name of the new re |
| Name of New Registered Agent: | NA | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flo | |
| | 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

MGR = Manager AMBR = Authorized Member **Address** Title Name Type of A REBECKA TOTTEN 5480 CAMP SUBOIS CRES DAdd WILHER GARDEN, FZ 34787 DRemo Chang AMBR ROBERT TOTTEN 15480 CAMP SUBOIS CRES DANG WINTER GARDEN, FZ3487 Remov EChang. _____ □Add _____ □Remov _____ Change □Remove ____ Change _____ □Add Remov _____ Change ____ _ _ _ _ Add _____ □Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person be

or removed from our records:

| _(| thanging titles as noted on previous page. |
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| | |
| Effective | e date, if other than the date of filing: (optional) |
| Note: If | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list |
| documer | at's effective date on the Department of State's records. |
| e record | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| ord is filed | |
| Dated _ | November 9, 2020. |
| | Signature of a member or authorized representative of a member |
| | · · · · · · · · · · · · · · · · · · · |
| | BEBECCA TOTTEN |

Filing Fee: \$25.00