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COVER LETTER

	tegistration Section vivision of Corporations
SUBJECT	r: HK Services, LLC. Name of Limited Liability Company
The enclos	sed Articles of Amendment and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Victoria Rena Name of Person
	Firm/Company
	10007 Oakengete Pl. Address
	Tampa FL. 33624 City/State and Zip Code
	Vpcna4@yahoo.com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Vic	Name of Person at (813), 381 – 1156 Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$25.00	Filing Fee Solution Status Solution Status Solution Status Solution Solution Status Solution S

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

4HK Services	LLC.	
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on cida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number 180021084	Company were filed on $\frac{9}{43}$	1 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line of	S.LLC.	in MIC
	mined Elabinty Company, the designa	non "LLC or the appreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		<u></u>
		<u>ښ</u>
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our dress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
		, Florida
-	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, 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** Victoria Peña Tampa, FL. 33624 _ Change MGB Victoria Pera ☐ Change □ Add 18 Remove _ Change ⁷.-<u>3.-</u>□ **Ad**d ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove

☐ Change

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Filing Fee: \$25.00