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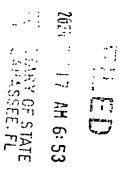
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section Division of Corporations

GV GRAPH SUBJECT:	HIC DESIGNER LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALEJANDRO GALVEZ		
		Name of Person	
	MASTER OFFICE SERV	ICES	
		Firm/Company	
	7169 UNIVERSITY BLV	D	
		Address	
	WINTER PARK, FL 3279	2	
	<u> </u>	City/State and Zip Code	
		to be used for future annual report notification;	
For further information co	oncerning this matter, please c	all:	7 AH 6
GIANNI VILLA		407 764-7687 at ()	
Name of	f Person	Area Code Daytime Telephor	ne Number 5
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporatior The Centre of Tallahass 2415 N. Monroe Street,	see

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GV GRAPHIC DESIGNER LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	ords.)
he Articles of Organization for this Limited Liability Compar	ny were filed on 11/07/2018	and assigned
lorida document number L18000261674		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lis	ability company here:	
IREHEX LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		The state of the s
nter new mailing address, if applicable:		800 m
Mailing address MAY BE A POST OFFICE BOX)		100 5 D
VIGHTING GUATESS MAT BE A FOST OFFICE BOAT		<u> </u>
		m _ \(\omega_{\omega}\)
. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
,		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MYRIAN BURITICA	1050 BLACKWOOD ST,	🗀 Add
		ALTAMONTE SPRINGS. FL 32701	Remove
MGR	NICOLAS CALDERON	1050 BLACKWOOD ST	
		ALTAMONTE SPRINGS, FL 32701	□Remove
			Change
			□Add
			□Remove
		- SAH	Change
		HASSEE, FL	: :-
			五 ——— □Change
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			Change
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an effective date is listed, the date ote: If the date inserted in thi	must be specific	and cannot b	be prior to (date of filing	g or more th	an 90 days a	ifter filing.) !		
ocument's effective date on th									
record specifies a delayed effe	otiva data, hut i	nai an alta	etiva tima	a. 12:01	am an th	a aprliar of	Silks Tha	ስስቴ đ	oo afise d
is filed.	ciive date, out i	not an erre	clive time	. at 12.01	a.m. On m	e earner or	. (b) The	9001 G a	iy arter ti
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Typed or printed name of signee