L1800024131

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ddress)	
(Cir	ty/State/Zip/Phone #	;)
PICK-UP		MAIL
	usiness Entity Name))
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Film	ng Officer:	10, W 2 2 2023
		-

Office Use Only



Store Frank The Law



FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Please use funds from account: I20210000160: 25.00 Authorization Signature: <u>HS275, LLC L18000264131</u> Business DOC#

____ Certified Copy

____Certificate of Status

NEW FILINGS

- ____ Profit Corp
- ____Not for Profit
- ____Officer/Director
- _____Limited Liability
- ____Domestication
- ____Other
- ___ CORP
- ___ LLLP

AMENDMENTS

- <u>X</u>Amendment
- ____ Resignation of R.A. or member
- ____ Dissolution
- ____ Change of Registered Agent
- ____Revocation of Dissolution
- ____Merger
- **Amended and restated Articles**
 - Statement of Correction

OTHER FILINGS

<u>Trademark</u>

____Annual Report

____Fictitious Name __APOSTILLE COUNTRY **REGISTERATION/QUALIFICATIONS**

- ___Foreign filing
- Limited Partnership
- _____ Reinstatement

Other

EXAMINIER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

____ Certified Copy

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OTHER FILINGS

____Annual Report

____Fictitious Name __APOSTILLE ___COUNTRY **REGISTERATION/QUALIFICATIONS**

- ___Foreign filing
- Limited Partnership
- _____ Reinstatement

___Other

EXAMINIER'S INITIALS:_____

COVER LETTER

TO: Registration Section Division of Corporations

HS275, LLC

SUBJECT: ____

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:

Stacie B. Campbell

Name of Person

Firm/Company

1955 Tudor Rd

Address

North Palm Beach, FL 33408

City/State and Zip Code

berriesinthcheartbread@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Stacie B. Campbell
 561
 312-3634

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTI	CLES OF A T(CLES OF O O	AMENDMENT D RGANIZATION F F	
HS275, LLC		ALLANAS Y	- 3: 79
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	iy as it now appears on our records.)	_ _
The Articles of Organization for this Limited Liab Florida document number	ility Company -	were filed on 11/13/2018	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, <u>enter the new name of th</u>	he limited liabi	lity company here:	
The new name must be distinguishable and contain the word	is "Limited Liabili	ty Company," the designation "1.1.C" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE <u>A STREET ADDRESS)</u>		1955 Tudor Rd	
		North Palm Beach, FL 33408	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BC</u>	<u>)X)</u>	1955 Tudor Rd North Palm Beach, FL 33408	
B. If amending the registered agent and/or regiagent and/or the new registered office address b		ddress on our records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:	Stacie B. Campt	pell	
New Registered Office Address:	1955 Tudor Rd		
Enter Florida street address			

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.

Cin

North Paim Beach

If Changing Registered Agent, Signature of New Registered Agent

, Florida <u>33408</u>

Zip Code

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

. . ,

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Title	Name	Address	Type of Action
MGR	Campbell CFO Services, LLC	5352 Sagan Lane, Palm Beach Gardens, FL 33418	🗋 Add
			🗐 Remove
			🗆 Change
AR	Mark H. Campbell	5352 Sagan Lane, Palm Beach Gardens, FL 33418	🗆 Add
			Remove
			🗆 Change
MGR	Stacie B. Campbell	1955 Tudor Road, North Palm Beach, FL 33408	🛱 Add
			🗆 Remove
			Change
·			🗋 Add
			🗆 Remove
			🗆 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the 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 the record is filed.

June 2 Dated	2023
	Sturn Car all
	Signature of a member or authorized representative of a member
Sta	cie B. Campbell
	Typed or printed name of signed

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