Paße 2 of 5 2022;2-07:5;18.50;6MT (0H2200041;901 3))) Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Account Number : I20200000118			
	Phone : (305)260-6968			2
	Fax Number : (786)513-7810			-
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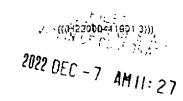
Corporate Filing Menu

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Help

Electronic Filing Menu

Τo



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARD NORTH AMERICA LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on c hibility Company)	ur records.)		
The Articles of Organization for this Limited Liability Company Florida document number L19000054373	were filed on 02/25/20	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designs	tion "ULC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	15805 BISCAYNE BLVD STE 201			
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA, PL 33	160		
Enter new mailing address, if applicable:	15805 BISCAYNE R			
(Mailing address MAY BE A POST OFFICE BOX)	AVENTURA, FL 33160			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		records, enter the name of the no		
Name of New Registered Agent.				
New Registered Office Address:	Enter Florida sti	ee! address		
		FloridaZgp Code		
	City	Zip Cade		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as put being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capa performance of my a provided for in Chapt	luties, and I am familiar with and er 605, F.S. Or, if this document is		
If Char	nging Registered Agent. S	ignature of New Registered Agent		

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From: Paloma Duarte

(((H2200041:901 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
MGR	SIMOES, OLINTO	450 ALTON RD APT. 1810	☐ Add
		MIAMI BEACH, FL 33139	■ Remove
			Change
AMBR	HARTMANN, LARRI HENRIQUE	15805 BISCAYNE BLVD STE 201	<u>□</u> ☐ Add
		AVENTURA, FL 33160	□ Remove
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Dated _.	DECEMBER 05		. 2022	 ,·	po ^w			
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		Signature	of a member of	r/m/horized rep	resentative of a	member		

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