L19000072216

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FLORIDA CAPITAL COURIER SERVICES, INC. 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account <u>I20210000160</u>: \$25.00 Authorization Signature Sunt H & H Smart Investments LLC <u>L19000072216</u> Business #Document Walk in Will wait Certified Copies of the attached articles of Organization. Certificate of Status **NEW FILINGS AMENDMENTS** _ Profit ___ Amendment Not for Profit Resignation of R.A. Change of Registered Agent __LLC ___ Domestication Dissolution/Withdrawal INC Conversion ___ Statement of Authority CORP Merger **OTHER** . Amended and Restated Articles **OTHER FILINGS** REGISTRATION/QUALIFICATIONS ___ Foreign Filing ___Annual Report Partnership Reinstatement Fictitious Name Statement of CORRECTION ____ Statement of Authority Domestication of a Foreign Corp. ____ APOSTIL _ **COUNTRY** Other

EXAMINER'S INITIALS:

COVER LETTER

	Registration Se Division of Cor			
CLID IE	Carrer .	ART INVESTMENTS LLC		
SUBJEC	<u></u>	Name of Lim	aited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		SHARONA ELGAZAR		
			Name of Person	
		H & H SMART INVEST	MENTS LLC	
			Firm/Company	
		12651 W. SUNRISE BLV	D. #102	
			Address	
		SUNRISE, FL 33323		
			City/State and Zip Code	
		HDRIVEMARKETING@G		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please co	all:	
SHARO	NA ELGAZAR		954 655-0808 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.0	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 S		Street Address: Registration Sec	ction
	Division of C	orporations	Division of Corp	porations
	P.O. Box 632 Tallahassee J		The Centre of Ta	allahassee Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

H & H SMART INVESTMENTS LLC

2025 JAN -6 PM 12: 05

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA and assigned The Articles of Organization for this Limited Liability Company were filed on $\underline{\underline{1.6.2025}}$ Florida document number _____L19000072216 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: H DRIVE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI,C" or the abbreviation "L.I.,C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: SHARONA ELGAZAR Name of New Registered Agent: 11352 W. STATE ROAD 84 #37 New Registered Office Address: Enter Florida street address DAVIE ___, Florida 33325 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.

Sharona elgazars

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>	<u>Address</u>	Type of Action
MGR	SHARONA ELGAZAR	11352 W. STATE ROAD 84 #37	□Add
		DAVIE, FL 33325	□Remove
	•		
MGR	RONI ELGAZAR	11352 W. STATE ROAD 84 #37	
		DAVIE, FL 33325	□Remove
			≣ Change
			□Add
		<u> </u>	🗀 Remove
			□ Change
			🗆 Remove
		<u></u> .	
			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change

I am changing the mailing addr	ess for the Registered Agent and BOTH th	he Authorized persons to:
11352 W. STATE ROAD 83 #.	67, DAVIE, FL 33325	
OWNERSHIP:		<u> </u>
SHARONA ELGAZAR 90%		
RONI ELGAZAR 10%		
		2025 J
		#A 20 -
·		
		PA PO
		2: 06 DRIDA
	e specific and cannot be prior to date of filing or closes not meet the applicable statutory file.	(optional) r more than 90 days after filing.) Pursuant to 605 ling requirements, this date will not be liste
cord specifies a delayed effective d s filed.	ate, but not an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after
January 6 ed		
	Sharona elgazars enature of a member or authorized epresentati	