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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	ECT:	HSF MANAGEN Name of Lim	MFM ited Liability Com	LL C	
The er	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following		
		AL	. Reic	H erson	
			Name of Po	erson	
			Firm/Com	pany	
		1975 E	. Sumers	E BLVD	#607
		AL Q HS E-mail address: (t	City/State and 2	Lip Code	
		AL Q HS	F CONSTRU	CTION. COM	cation
For fu	rther information co	oncerning this matter, please ca		e aimuai report notar	cation)
	AL REI	Person	at (60 Arca C	9 ZYO Daytime	7827 Telephone Number
Enclos	sed is a check for th	e following amount:			
\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fili Certified (additional of	_	□ \$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HSF MAI	NAGEMENT LLC		
(Name of the Limited	I Liability Company as it now appears of A Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Lia	• • •	5/14/19	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company here	:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company." the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/oregistered agent and/oregistered agent and/oregistered agent.)	r registered office address on o	ur records, <u>enter</u>	0: h
Name of New Registered Agent:	AL REICH		Buy ou
New Registered Office Address:	1975 F. SVILLSE 1	Street address	
	FT. LAVOERDALE	, Florida	33304
	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, Significant of New Registered Agent

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

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROBISKIE, BRIAN	1975 E. SUMPLISE BLUD #60	≥7 □ Add
		FT. LANDERBALE, FL 33304	Remove
			Change
MGR	SALVS MICHAEL	1975 E. SUMRISE BLUD #6	, ∘7 ⋈ Add
		FT. LAUDERONLE FL 35304	Remove
			Change
			Remove
			Change
			□ Add
			Remove
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Note: If the	te, if other than the date is listed, the date must date inserted in this blooffective date on the De	ick does not me	eet the applicab	date of filing or mo le statutory filing	(option than 90 days after requirements, this	onal) r filing.) Pursuant to 60 s date will not be lis	5,0207 (3 ted as th
he record : The 90th	specifies a delayed day after the reco	effective da ord is filed.	ate, but not	an effective ti	me, at 12:01	a.m. on the earl	ier of:
Dated	JULY 15	R	2019				
		Signature of a m	ember or authori	zed representative of	of a member		

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Filing Fee: \$25.00