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SECRETARY OF STATE
FALL ARKSSEE FLORIDA

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HL TRADING LL C Name of Limited Liability Company
realic of Entitled Entonity Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Thors LAHMI Name of Person
HI TAA D LVG LLC Firm/Company
9250 W BAY backer Dr 3A
BAY HARBOR 33154 FLORIDA City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Johns Lahmi at (25) 20,54 00  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution Status Solution Status Solution Soluti

# 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

HL TRADING	ited Liability Comp	pany as it now appears of Liability Company)	ı our records.)	<del></del>
The Articles of Organization for this Limited L. Florida document numberL	lability Compan			and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of		oility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company." the design	vation "LLC" or the	abbraviari, all 1 /2.9
Enter new principal offices address, if applic		,,	which is a contract of the	The second of th
(Principal office address MUST BE A STREET ADDRESS)			<del></del>	9 SB
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/registered agent and/or the new registered of	or registered of	fice address on our	records, <u>ente</u>	the name of the new
Name of New Registered Agent:	JOHNS	LAHMI		
New Registered Office Address:	9250	O W BAY	ifarbor D	C# 3A
		Enter Florida sh Harbee City	eet address	33154
New Registered Agent's Signature, if changing R	egistered Agent:	<b>.</b> ,		гар Соце
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company	l agent and agre r and complete tered agent as p	performance of my d ravidad for in Chan	uties, and Lam	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 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:

MGR = -Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ie red The	cord specifies a delayed effective date, but not an effective time, at 12:03 90th day after the record is filed.	l a.m. on	the ea	arlier
Dated	6/4/19			
	( ) / de l	<u>_</u>		_
	Signature of a member of antiorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00