

L19000182062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

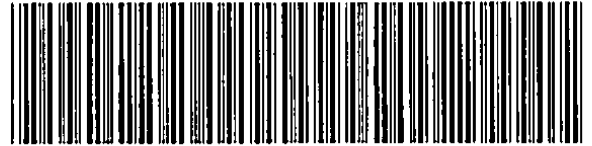
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S TALLENT

AUG 12 2019

FILED  
2019 AUG 12 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

10 AUG 12 AM 1:01  
TALLAHASSEE, FL 32304

Forward

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HLC RENTALS LLC  
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:

AZHAR MAHBOOB  
Name of Person

HLC RENTALS LLC  
Firm/Company

403 NORTH RIDE  
Address

TALLAHASSEE, FL 32303  
City/State and Zip Code

azharmahboob@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AZHAR MAHBOOB at (850) 728-8129  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

HLO RENTALS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Aug 7/26/2019 and assigned  
Florida document number L19000182062

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.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)

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2019 AUG 12 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

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, 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>	<u>Type of Action</u>
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<u>MGR</u>	<u>AZHAR MAHBOOB</u>	<u>403 NORTH RIDE, TALL, FL 32303</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

<u>MGR</u>	<u>QAZI HAQ</u>		<input type="checkbox"/> Add
		<u>814 ALLIEGOOD AVE, TALL, FL 32303</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

<u>AMBR</u>	<u>OSMAN MAHBOOB</u>		<input type="checkbox"/> Add
		<u>403 North Ride, Tall, FL 32303</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

<u>AMBR</u>	<u>SOBIA MAHBOOB</u>		<input type="checkbox"/> Add
		<u>403 North Ride, Tall, FL 32303</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.