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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECREANASSEE, FL

C KINSE, 2019

COVER LETTER

| Division of Co | porations | | |
|---|----------------------------------|---|--|
| | ESTMENTS LLC | | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| Name of Limited Liability Company ne enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: CRISTIANA E. GRULLON Name of Person Firm/Company 2300 WEST 84TH STREET. SUITE 100 Address HIALEAIL FLORIDA 33016 City/State and Zip Code CRISTINA@IDEALHIRING.NET E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: RISTIANA E GRULLON Name of Person 305 972-0826 Area Code Daytime Telephone Number | | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 2300 WEST 84TH STREE | ET. SUITE 100 | |
| | | Address | |
| | HIALEAH, FLORIDA 330 | 016 | |
| | CRISTINA@IDEALHIRIN | | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please ca | all: | |
| CRISTIANA E GRULL | ON | | |
| Name o | ıf Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| S25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

MAILING ADDRESS:

TO:

Registration Section

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

| (<u>Name of the Lim</u> | ited Liability Company as it nov (A Florida Limited Liability Co | v appears on our records.) npany) | |
|---|---|---------------------------------------|-------------------|
| The Articles of Organization for this Limited Florida document number L19000185662 | Liability Company were filed | I on JULY 18, 2019 | and assigned |
| This amendment is submitted to amend the fol | Howing: | | |
| A. If amending name, enter the new name | of the limited liability comp | oany here: | |
| The new name must be distinguishable and contain the | words "Limited Liability Compan | y," the designation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | |
| 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 | d/or registered office addi | ان ان ان | |
| Name of New Registered Agent: | HADA E. GRULLON | | |
| New Registered Office Address: | 2300 WEST 84TH STREE | ET, SUITE #100 | |
| | | nter Florida street address | |
| | HIALEAH | , Florida 3301 | 6 |
| | City | | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

HGR INVESTMENTS LLC

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> | Address | Type of Action |
|--------------|---------------------|---|----------------|
| MGR | HADA E GRULLON | 2203 SW 195 AVENUE, MIRAMAR, FLORIDA 33029 | = Add |
| | | | Remove |
| | | | ☐ Change |
| AMBR | CRISTIANA E GRULLON | 2098 SW 175 AVENUE, MIRAMAR FLORIDA 33029 | |
| | | | ☐ Remove |
| | | | _ ☐ Change |
| | | | Add |
| | | | ☐ Remove |
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| te: If the date inserted in | late must be specific and cannot be | pplicable statutory filing | (optional) re than 90 days after filing.) Pursuant to requirements, this date will not be | |
| record specifies a de The 90th day after th | | it not an effective ti | me, at 12:01 a.m. on the ea | rlier of |
| ted AUGUST 1 | 2019 | · | | |
| | | .1 | | |

Page 3 of 3

Typed or printed name of signee