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TALLAHASSES FE

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COVER LETTER

TO:

TO: Registration S Division of Co				
SUBJECT:	Hess H	loldings LLC		
300JECT		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Sonia Becerra		
		Name of Person		
		Swyft Filings, LLC		
		Firm/Company		
	515	5 Post Oak Blvd Suite #300		
	Address			
		Houston, Texas 77027		
		City/State and Zip Code	 	
	filir	igs@swyftfilings.com		
	E-mail address: (to be used for future annual report notif	fication)	
For further information	concerning this matter, please co	all:		
Sonia 8	Becerra	at (877)777-04	50	
Name	of Person		e Telephone Number	
Enclosed is a check for t	the following amount:			
\$25.00 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)	
Regist Divisi	JNG ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n	
	30x 6327 assee, FL 32314	Clifton Building 2661 Executive Ce	nter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hess Holdings LLC

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears or Limited Liability Company)	i our records.	
		07/31/2019	
The Articles of Organization for this Limited Liability Co	ompany were filed on		_ and assign:
Florida document numberL19000195528	<u>_</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:	:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desig	nation "LLC" or the abbrey	
Enter new principal offices address, if applicable:		Be	. <u>8</u>
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		무
		HAS	30
		<u>č</u> 6	I>
Coton was mailing address. if applicables		Or English	
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , ,	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		ir records, enter the	name of
-			
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 a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my vent as provided for in Cha	duties, and Lam fami pter 605, F.S. Or, if ti	iliar with ar his documer
	If Changing Registered Agent	. Signature of New Registo	ered Agent

	g Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, and addre</u>	ss of each person being
MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Act
<u>AMBR</u>	Tatianna Diaz	380 Tradewinds Ave	= Add
		Naples, FL 34108	□ Remove
			Change
			Remove
			Change
			Remove
			Change
			
			□ Remove
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		-	Remove
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			Change

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Tectiv an offec	re date, if other than the date of filing:
<u>ote:</u> H	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nt's effective date on the Department of State's records.
cunci	it's effective date of the Expannelle of State's records.
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea
	90th day after the record is filed.
ated _	September 9 2019
	agnature of inember or authorized representative of a member
	Preston K Hess

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Filing Fee: \$25.00