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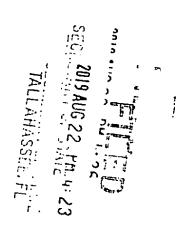
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то:	Registration Se Division of Cor			
SUBJEC	HGCSQUA			
SUBJEC	CT:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	to the following:	
		Michael J. Prohidney		
			Name of Person	
		Tilden & Prohidney, P.L.	Name of Limited Liability Company ent and fee(s) are submitted for filing, oncerning this matter to the following: act J. Prohidney Name of Person Name of Person Name of Person Address enton, Plorida 34205 City/State and Zip Code EitIdenprohidney, com E-mail address: (to be used for future annual report notification) g this matter, please call: 1 941	
		· · · · ·	Firm/Company	
		431 12th Street West, Suite	204	
			Address	
		Bradenton, Florida 34205		
		clerk@tildenprohidney.com		
		E-mail address: (1	to be used for future annual report notifie	cation)
For furth	ner information c	oncerning this matter, please ca	all:	
Michael	J. Prohidney			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

HGCSQUARD, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000201472 This provides a control of the control	were filed on August 7, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
HJCSQUARED, LLC		
the new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	SM 8th Ave W	
Principal office address MUST BE A STREET ADDRESS)	Dalmetto FL 3	uaal
Enter new mailing address, if applicable:	Same	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		the name of the no
New Registered Office Address:	Enter Florida street address Florida	22 P
· ·	City	7: Zip Ende Fren
Naw Danistanal Saant's Signatura, if shanging Dagistanad Sgants	•	- N

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
M 6-c	heather Crawlord	SIT 8th Avelustela Palmetto FL 34221	<u> </u>
		Phlme-1to IFL 34221	Remove
			Change
			
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lote: If the date inserted in th	e must be specific and cannot be prior to da his block does not meet the applicable he Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pu statutory filing requirements, this date wil	rsuant to 605.0207 I not be listed as
e record specifies a dela The 90th day after the		effective time, at 12:01 a.m. on	the earlier of
ated	2019		
2/11-	1	. A 1. 0 1	
10/1/2	11////	For Authorical Man do reprosentative of a member	b

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00