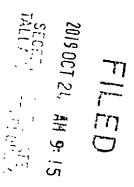
## L 19000247748

Office Use Only



700335822177

10/24/19--01005--009 ++25.00



Y SULKER NOV 21 2019

## **COVER LETTER**

TO: Registration S Division of Co			
	FATION BROKERS LLC		
SUBJECT:	Name of Lim	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:	
	CARLOS S HIGGINS RC	DDRIGUEZ	
		Name of Person	
	H-ROD NATION BROKE	ERS LLC	
		Firm/Company	
	4791 SAN FRATELLO C	IRCLE	
	<del></del>	Address	
	LAKE WORTH, FL 3346	7	
		City/State and Zip Code	
	c.carloshiggins@gmail.con		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Carlos Higgins		954 716-2557	
Name	of Person	at ()	Telephone Number
Enclosed is a check for	the following amount:		
■ S25.00 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)

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

## H-ROD NATION BROKERS LLC

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

(It Florida II	mined mainly company,	
The Articles of Organization for this Limited Liability Con	mpany were filed on 10/03/2019	and assigned
Florida document number L19000247748		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u></u>	
Enter new mailing address, if applicable:		2016
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u> </u>
(Maining data ess MAT BLAT OST OTTICE BOX)		22 [
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ds, enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:	Ent <b>e</b> r Florida street addre	ZSS
	F	Tlorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, a nt as provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is
	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>	Type of Action
AMBR	CARLOS S HIGGINS RODRIGUEZ	4791 SAN FRATELLO CIRCLE LAKE WORTH, FL 33467	■ Add
		<del></del>	Remove
			Change
	<del></del>		Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change

	ticle III change: Any and all la	wful business.			
			<del>_</del>		
					<u></u>
-	· ·				
					<u></u>
					· · ·
			<u> </u>		
Effective	e date, if other than the dat	e of filing:		(option	al)
If an effect <u>Note:</u> If	ive date is listed, the date must be the date inserted in this block t's effective date on the Depar	specific and cannot be p does not meet the ap	plicable statutory fil	more than 90 days after fil	ing.) Pursuant to 605.0207
	rd specifies a delayed ef Oth day after the record		not an effective	time, at 12:01 a.r	n. on the earlier of
Dated 10	0/21/2019				
<u>-</u>		- Ac			
	Sion		nithorized representati		
	augi	iature of a member or i	mmoniken tebreseman	ve of a member	

Page 3 of 3

Filing Fee: \$25.00