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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

19 NOV 25 AH 9: 25 HCMG CONSULTING LLC SUBJECT: 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: HENRIQUE CHOR Name of Person HCMG CONSULTING LLC Firm/Company 2601 SOUTH BAYSHORE DRIVE SUITE 1200 Address MIAMI/FL/33133 City/State and Zip Code CHOR.HENRIQUE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HENRIQUE CHOR 5569176 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORGANIZATION	المنتشق المنتفق
OF	6
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npany as it now appears on our records.) ed Liability Company)	and assigned
ny were filed on OCTOBER 8, 2019	and assigned
ability company here:	
ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
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	er the name of the new
<del></del>	
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Enter Florida street address	
, Florida	Zip Code
	office address on our records, enterer:  Enter Florida street address  Enter Florida street address  Florida

## 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>	Type of Action
MGR	HCDA CONSULTING LLC	2601 S BAYSHORE DR STE1200	
		MIAMI FL 33133	<b>■</b> Remove
			Change
MGR	CHOR CONSULTING LLC	2601 S BAYSHORE DR STE1200	
		MIAMI FL 33133	
			□ Remove
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ective date, if other than the d effective date is listed, the date must b	ate of filing:	e prior to date of filing	or more than 90 days	ptional) after filing.) Pursuant to 6	05.020
e: If the date inserted in this bloc ument's effective date on the Dep	k does not meet the a	applicable statutory	filing requirements,	this date will not be lis	sted a
ument's effective date on the Dep	artificition State s rec	corus.			
record specifies a delayed (	effective date, bu	ut not an effecti	ve time, at 12:0	)1 a.m. on the ear	lier (
he 90th day after the recor	d is filed.				
, NOVEMBER 19	2019				
ed NOVEMBER 17		· ·			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00