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Office Use Only



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### **COVER LETTER**

TO:

TO: Registration S Division of Co			
HIGL LLC SUBJECT:	•		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Aline DARMOUNI		
		Name of Person	
	EXCO US ATRIUM		
		Firm/Company	
	44 W FLAGLER STREET	SUITE 2300	
		Address	<del></del>
	MIAMI. FL 33130		
		City/State and Zip Code	
	office@excous.com		
		to be used for future annual report no	otification)
For further information c	concerning this matter, please c	all:	
Aline DARMOUNI		305 600 4405	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres		Street Address:	ection
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HGL LLC			
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)		
The Articles of Organization for this Limited Liability Company were filed on lorida document number $\frac{1.19000261327}{1.19000261327}$ .	10/17/2019	and assigned	
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability company	here:		
he new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbre	viation "L.L.C	* **
nter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	916	
	<del>[-</del> -	405	٠.
		26	
nter new mailing address, if applicable:	<u>.</u>	<u> </u>	
failing address MAY BE A POST OFFICE BOX)		$\sim$	
	•	57	
. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	r records, enter the name o	f the new r	egiste
ent and/or the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:  Enter F	Florida street address		
	P1 - 1 1		
Civ	, Florida	Ziv Code	

#### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ingrid SEYNHAEVE	44 W FLAGLER STREET, SUITE 2300	<b>=</b> Add
		MIAMI, FL 33130	□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□ Change

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Effective date, if other than the of the effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Dep	be specific and cannot be prior to date of the does not meet the applicable state.	(optional) of filing or more than 90 days after filing.) Pursuant to 60 attutory filing requirements, this date will not be lis	05.0207 (: sted as th
the record specifies a delayed ) The 90th day after the reco		effective time, at 12:01 a.m. on the earl	lier of:
November 21st	2019		
1.600261			
Dated	·		
	Invalors of a manhor or muharismler	movementive of a momber	
	ignature of a member or authorized re	epresentative of a member	

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