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COVER LETTER

TO: Registration Division of C	Section Corporations		
HB CAI	RGO, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	JUAN NIEVES		
		Name of Person	company dress and Zip Code future annual report notification) 21 2140925 rea Code Daytime Telephone Number 0 Filing Fee & Gertificate of Status & Certified Copy (additional copy is enclosed)
	BNS TAXES, LLC		
		Firm/Company	
	13550 VILLAGE PARK E	DR STE 360	
		Address	
	ORLANDO, FL 32837		
		City/State and Zip Code	
	-	to be used for future annual report notific	ation)
For further informatic			
JUAN NIEVES			
Nan	Name of Person BNS TAXES, LLC Firm/Company 13550 VILLAGE PARK DR STE 360 Address ORLANDO, FL 32837 City/State and Zip Code cs@binstaxes.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: Name of Person at (
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Add			ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	OF	022 F
HB CARGO, LLC		022 MAY 27
	ability Company as it now appears on our records.) orida Limited Liability Company)	$m_{\sigma_{i}}$ $^{(0)}$
The Articles of Organization for this Limited Liabilit	ty Company were filed on 11/05/2019	Moderation of the second of th
Florida document number L19000275504		₽ <u>@</u>
This amendment is submitted to amend the following	r:	
A. If amending name, enter the new name of the	limited liability company here:	
AID INVESTMENT, LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registo agent and/or the new registered office address her	·	me of the new registered
Name of New Registered Agent:	***************************************	
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	, Plotida _	Zip 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 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
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ective date, if other than the	date of filing:		(optior	al)	
effective date is listed, the date muster: If the date inserted in this blowment's effective date on the Do	ock does not meet the ap	pplicable statutory fili	nore than 90 days after fi ng requirements, this c	ing.) Pursuant to late will not be	605.020 listed a
cord specifies a delayed effective s filed.	e date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (h)	The 90th day t	after the
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ed MAY 23	. 2022			AHASSEE	2022 MAY 27
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Typed or printed name of signee