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## **COVER LETTER**

TO:

Registration Section Division of Corporations

	ANCE SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	-	Name of Person	
	SUCCESS BUSINESS SO	LUTION	
		Firm/Company	
	2751 S CHICKASAW TR		
		Address	
	ORLANDO / FLORIDA /	City/State and Zip Code	
	henrymseguros@gmail.co	•	
	E-mail address: (	to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
MARIET OSTOS		407 745-4684 at ()	·
Name o	f Person	Area Code Daytii	ne 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632		The Centre of 2415 N. Monr	Tallanassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HL INSURANCE SERVICES LLC

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

The Articles of Organization for this Limited Liability Compa	my were filed on $\frac{-11/05}{2}$	3/2019 and assigned
Florida document numberL19000275948		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8810 COMMODIT	TY CIRCLE, STE 10
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		TY CIRCLE, STE 10
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32	819
Name of New Registered Agent:		
New Registered Office Address:	P. P. J.	street address
	Enter Florida	street address
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	-	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my as provided for in Cha	duties, and I am familiar with and opter 605, F.S. Or, if this document is
<u>it c</u>	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
	<del></del>		□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
		□Remove	
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		<del></del>	□Change
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			□Change

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Effecti	re date, if other than the date of filing:  (optional)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
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Note: docume	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.  APRIL. 30 th
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Filing Fee: \$25.00