

L19 000284569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

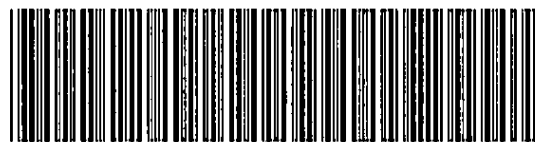
(Document Number)

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03/04/21--01018--011 \*\$30.00

21 MAR -4 PM 2:52

16 MAR  
15:00 PM  
DIVISION OF CORPORATIONS

Tuesday, February 23, 2021  
Florida Department of State  
Division of Corporations  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

This is to request that all documents related to the attached amendment be returned to:

C/O Xilene Begin  
10236 Park Commons Dr.  
Orlando, FL 32832

Daytime phone number: (321) 695-5291

Sincerely,

Chandrika Patel  
Owner/President  
HCMpoint LLC

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HMCpoint LLC  
\_\_\_\_\_  
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:

Xilene Begin  
\_\_\_\_\_  
Name of Person  
  
HMCpoint LLC  
\_\_\_\_\_  
Firm/Company  
  
10236 Park Commons Dr.  
\_\_\_\_\_  
Address  
  
Orlando, FL 32832  
\_\_\_\_\_  
City/State and Zip Code  
  
Xilene@hempoint.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xilene Begin  
\_\_\_\_\_  
Name of Person  
321 695-5291  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

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

**Street Address:**

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**

FILED  
CLERK OF STATE  
DIVISION OF CORPORATION

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HCMpoint 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 Company were filed on November 15, 2019 and assigned  
Florida document number L19000284569.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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 ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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 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

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DIVISION OF CORPORATION

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 MAR -4 PM 2: 58	<u>Type of Action</u>
MGR	Jessica Quezada	9350 Monterey Cliffs Ave.		<input checked="" type="checkbox"/> Add
		Las vegas, NV 89148		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
MGR	Margaret Lin	2109 Perry Avenue		<input checked="" type="checkbox"/> Add
		Redondo Beach, CA 90278		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
AMBR	Xilene Begin	10236 Park Commons Dr		<input type="checkbox"/> Add
		Orlando, FL 32832		<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
MGR	Chandrika Patel	8116 252nd Street		<input type="checkbox"/> Add
		Bellerose, NY 11426		<input type="checkbox"/> Remove
				<input checked="" type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective 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 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 24, 2021

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Chandrika Patel

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**