# 120000216100

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O SIMMONS DEC 1 2 2020

## CUVERLETTER

TO: Registration Sec Division of Corp			
SUBJECT: HL	C Busine	SS Services, LL ited Liability Company	<u>C</u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Hol	Vy Chance Name of Person	
	HLC B	usiness Service Firm/Company	ces, LLC
	2630 W	Broward Blud,	Ste 203 # 563
		City/State and Zip Code  Ly Li Les Hi Qua  to be used for future annual report notifi	
For further information cor	ncerning this matter, please ca		
Holly Name of I	Chance	at (954) 865 Area Code Daytime	- 17 60 Telephone Number
Enclosed is a check for the	following amount:		
№\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Section of Corp. The Centre of Ta	orations

Tallahassee, FL 32303

#### ANTICUES OF AMENUMENT

# TO ARTICLES OF ORGANIZATION OF

HLC ISUSINES	os services, LLC
( <u>Name of the Limited Liability C</u> (A Florida Lin	nited Liability Company)
	pany were filed on July 22, 2020 and assigned
Florida document number & OOOO & ( W ) O	O
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	a document number 20000 21(a100)  mendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  new principal offices address, if applicable:  inpul office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  ing address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the name of the new registered
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	(S) ·
Enter new mailing address, if applicable:	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
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

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
imble	Laura De Laney	2630 W Broward Blue	□Add
	,	Ste # 203 - 543	
		Fort Lauderdale FL3	3 <b>3</b> )□Change
MGR	Holly Chance	2030 W Broward Blvd	□ Add
		Ste 203 # 563	□Remove
		For + Laudardate FL 3:	3312 Change
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f an effective date is <b>Note:</b> If the date	other than the date of filisted, the date must be specific inserted in this block does note that on the Department of	and cannot be prior to of meet the applical			ling.) Pursuant to 605.0207
record specifies d is filed.	ı delayed effective date, but	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated No.	ember 2 Hol Signature of	. <u>2</u> 020	_ ·		
	$\Omega/\omega$	10 M	$\bigcirc$		
	Signature o	f a gleniber or author	rized representative of	a member	

Filing Fee: \$25.00