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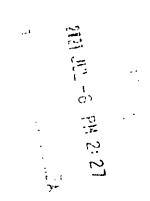
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Mailing Address: Registration Section Division of Corporations P.O. 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

	Hions LLC.	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our r I Liability Company)	ccords.)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>Mar cl</u>	9, 2021 and assigned
Florida document number <u>L 2 0000 314 5 00</u> .		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	"L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>ra</u>
		- Carrier
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		. 12
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	Cin	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Joshua Zahel	609 Bay Avenue	
		609 Bay Avenue DeFuniak Springs, FL 32+35	Remove
		32+35	Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more the: If the date inserted in this block does not meet the applicable statutory filing required.		
rument's effective date on the Department of State's records.	anomona, ma ance win in a re-	nace u
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the s filed.	e earlier of: (b) The 90th day a	ifter the
cd <u>July 5, 2021</u> .		
Alexander Zahel Typed or printed name of signee	nember	-

Filing Fee: \$25.00