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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
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MAR 2 2 2021

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hang Tyme	e 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:
Alan	Name of Person
Hans Tyne (Pro Hep L. C. Firm/Comp ny
855 1	V.W 70th Street
Miami	Florida 33150 City/State and Zip C. de
tlang 1	Ame ProHelp@amail. Cam Idress: (to be used for future annual report notification)
For further information concerning this matter, p	lease call:
Alan Robert 5 Name of Person	at (305) 83L1-0608 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee S30.00 Filing Fee Certificate of Sta	
Mailing Address:	Street Address Registration (botton)

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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O	F ,	- -
Name of the Limited Liability Compar	Help L. L. C. ay as it now appears on our records.) iability Company)	P 23
The Articles of Organization for this Limited Liability Company Florida document number 2 0 0 0 1340	T	ලා \and <mark>ප</mark> ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	e 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
-	Enter Florida street address	

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.

City

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
AMBR	Alan Roberts	855 Nw 70+1	□Add
		Street Migning Go	Cd ← Remove
		33150	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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n effective date is listed. <u>te:</u> If the date inserte	the date must be specific	ot meet the applicable s	of filing or more that	(optional) in 90 days after filing.) Pu uirements, this date will	
ecord specifies a delay is filed.	red effective date, but i	not an effective time, at	t 12:01 a.m. on the	e earlier of: (b) The 90	th day after th
ted <u>Januar</u>	Signature of	a member or authorized			
	A 1	Typed or printed name	•	nember	
			1		