124000047670

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
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21 MAR 22 PM 3: 51

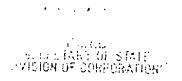
COVER LETTER

	ation Section of Corporations	•
	S Investments, LLC	
SUBJECT:	Name of Limited Liability Company	
	ticles of Amendment and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	Ivan Hernandez	
	Name of Person	
	HGS Investments, LLC	
	Firm/Company	
	8270 NW 10th St Apt #7	
	Address	
	Miami, FL 33126	
	City/State and Zip Code iigsinvestments@gmail.com	
	E-mail address: (to be used for future annual report notified	ation)
For further inform	mation concerning this matter, please call:	
Ivan Hernandez	a+1 \	
	Name of Person Area Code Daytime T	Telephone Number
Enclosed is a cho	neck for the following amount:	
⅓ \$25.00 Filin	rig Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (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



HGS Investments, LLC

21 MAR 22 PM 3: 54

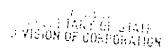
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comparing Florida document number <u>L21000047670</u>	any were filed on 01/26/2	021	and assigned
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	iability Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS,	2		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	treet address	
		Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
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 officempany has been notified in writing of this change.	ete performance of my c as provided for in Chap	duties, and I am fa ter 605, F.S. Or, if	miliar with and this document is

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>	Address	21 MAR 22	PHTSpeof Action
GM	Sarah Guerra	2678 E Hampshire St. I		
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			1-11-1	(antia	- al)
ctive date, if other than the effective date is listed, the date must	date of filing: t be specific and cann	ot be prior to	date of filing or mo	re than 90 days after f	iling.) Pursuant to 605
:: If the date inserted in this blument's effective date on the D	ock does not meet t epartment of State'	he applicabl s records.	le statutory filing	requirements, this	date will not be fish
ord specifies a delayed effectiv filed.	e date, but not an e	ffective time	e, at 12:01 a.m. o	n the eurlier of: (b)	The 90th day after
d March 17th	20	21			
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