## LZ1 000057912

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates of	of Status
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## **COVER LETTER**

TO: Registration S Division of Co	Section orporations		
HD INNE SUBJECT:	RPRIZ LLC	•	r
30 <b>0</b> 00001.	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	LOVETTE DOBSON		
		Name of Person	<del></del>
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249	STE 220	
	·	Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please co	all;	
LOVETTE DOBSON		888 462-3453	
Name o	f Person		: Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address:	

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

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

HD INNERPRIZ 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 02/02/2021  Florida document number L21000057912	and assigned
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 ab	obreviation "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)	
3. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:	ie of the new registe
Name of New Registered Agent:	3 3
New Registered Office Address:	
Enter Florida street address	
	, <u>ড়</u> —————
City	Zin Codec

## 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 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	Daryl Davis	404 SE 7th Ter	
		Chiefland, FL 32626	■Remove
			Change
			□Add
			□Remove
			□ Change
	<del></del>		□Add
		<del></del>	Remove
			☐ Change
			□Add
			□Remove
			Change
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If an effective date is lis Note: If the date ins		ific and cannot be prio s not meet the appli	cable statutory filing		ol) ng.) Pursuant to 605.0207 ( te will not be listed as t
	elayed effective date, b	out not an effective t	time, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
e record specifies a d rd is filed.					
rd is filed.		2021			
rd is filed.	Na (fan Signatur				