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DIVISION OF CORPORATIONS

COVER LETTER

Tallahassee, FL 32314

TO: Registration Solution of Col			
HIIDesign SUBJECT:			
SORTECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ha Hoang		
		Name of Person	
	HHDesign LLC		
		Firm/Company	
	5145 S Dale Mabry Hwy t	Jnit 20104	
		Address	
	Tampa, FL 33611		
	hhdesignlle2021@gmail.co		·····
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Ha Hoang		978 210-7930 at ()	
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CORE GRAPHON' OF

21 MAR 19 PM 12: 56

HHDesign LLC

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

(A Floric	da Limited Liability Company)	
The Articles of Organization for this Limited Liability 0 Florida document number L21000100410		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	285
	F	loridaZip Code
	(niv	Zip Code

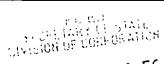
New Registered Agent's Signature, if changing Registered Agent:

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

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



21 MAR 19 PH 12: 56

Title	<u>Name</u>	Address	Type of Action
MGR	Esla Nguyen	5145 S Dale Mabry Hwy Unit 20104	🗆 Add
		Tampa, FL 33611	≣Remove
			□Change
		-	🗆 Add
			□Remove
		•	□Change
			□Remove
			□Change
			□ Add
			□Remove
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fective date, if other than the neffective date is listed, the date muster: If the date inserted in this blocument's effective date on the Decument's	t be specific and ock does not m	cannot be prior the applic	able statutory	or more than 90 c filing requirema	_ (optional) ays after filing, ents, this date	Pursuant to will not be	605.020 listed a
ecord specifies a delayed effectiv is filed.	e date, but not	an effective ti	me, at 12:01 a	.m. on the earli	er of: (b) The	e 90th day	after the
ted March 16	·	2021	<u> </u>				
		ANT					
	Signature of a n	Street .		ttive of a member			

Filing Fee: \$25.00