K21000111095

(Req	uestor's Name	
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Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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21 SEF 39 PM 12: 55

COVER LETTER

TO: Registration Section Division of Corporations	
	ENTERPRISE LLC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Hich	Name of Person
H&A GR	SOUP ENTERPRISE UL
12720 En	Clave Dr. Address
	City/State and Zip Code
E-mail address: (to	harsalle annual report notification)
For further information concerning this matter, please cal	J:
Hicham Belharsa Name of Person	at (407) 749 - 2042 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	□ \$55.00 Filing Fee & □ \$60.00 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 Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEF 37 PH 12: 55

H&H GROUP EN	UTERPRISE LLC
(A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 0310812021 and assigned
Florida document number <u>L21000111095</u>	
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 I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MM26 Winegard Rd 110
(Principal office address MUST BE A STREET ADDRESS	Orlando, Fl. 32809
Enter new mailing address, if applicable:	12720 Enclare Dr.
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, Fl. 32837
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent: Hic	ham belharsa
New Registered Office Address: 12 ¬	20 Enclave Dr. Emer Florida street address
_Orl	City Florida 32837

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 Phoistered Again Water and You Designated

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>	Name	<u>Address</u>	21 SET 30 PH 12: 55	Type of Action	
AMBR	Hicham Belharsa	12720 Ena	ave Dr. Orlando, Fl 32837	□Add	
				□Remove	
				dChange	
AMBR	Bobin Orlando Alonzo vicioso	398 <u>Kassik</u>	Cir. Orlando, FL 32824	JAdd	
		- 		□ Remove	
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f an effective date is listed, t Note: If the date inserted	r than the date of filing: the date must be specific and c d in this block does not me te on the Department of Sta	cannot be prior to date of the applicable sta	of filing or more than 90	(optional) days after filing.) Pursuant to 605 ents, this date will not be list	5.0207 ed as i
e record specifies a delay d is filed.	'ed effective date, but not a	an effective time, at	12:01 a.m. on the earl	ier of: (b) The 90th day afte	r the
Dated Septemb	er 277	2021			
		A. IT HAD			
	Signature of a mo	ember or authorized	presentative of a member	er	