L21000156645

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
| (Doc | curnent Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|---|--|---|---------------------------------------|
| HGC LLC | | | |
| SUBJECT: | Name of Lim | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | amitted for filing | |
| | ondence concerning this matter | | |
| | Michael Gentzle | | |
| | | Name of Person | |
| | Coleman, Yovanovich & I | Koester, P.A. | |
| | | Firm/Company | |
| | 4001 Tamiami Trail North | 1. Suite 300 | |
| | | Address | |
| | Naples, Fl. 34103 | q | |
| | | City/State and Zip Code | 2023 SE: |
| | stevecroshy.croshy@gmail | *** | · · |
| | E-mail address: (| (to be used for future annual report notification) | · · · · · · · · · · · · · · · · · · · |
| For further information of | concerning this matter, please c | rall: | · |
| Michael Gentzle | | 239 435-3535 | , , |
| Name o | t Person | at (| 罪 13 |
| Enclosed is a check for t | he following amount: | | |
| ≡ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy | f Status & py |
| <u>Mailing Addre</u> Registration Division of C | Section | Street Address: Registration Section Division of Corporations | |
| P.O. Box 632 | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | |
| Tallahassee, | L L JZJ 14 | Zard N. Monde Sheet, Suite 510 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | HGC | • | | | |
|---|--|--|---------------|---------------------|----------|
| (Name of the Limi | ted Liability Compa (A Florida Limited) | inv as it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited L Florida document number L21000156645 | .iability Company | were filed on 04/13/2021 | aı | nd assig | gned |
| This amendment is submitted to amend the foll | owing: | | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" or | the abbreviat | ion "L.L | C." |
| Enter new principal offices address, if applic | cable: | 8960 Bay Colony Drive, #1203 | | | |
| Principal office address MUST BE A STREE | ET ADDRESS) | Naples, Fl 34108 | | ~ | |
| | | | | 323 | |
| Enter new mailing address, if applicable: | | 8960 Bay Colony Drive, #1203 | <u> </u> | | |
| (Mailing address MAY BE A POST OFFICE BO) | BOX) | Naples, Fl 34108 | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office : ess_here: | address on our records, enter the | Dr. | ;) eo he new | register |
| Name of New Registered Agent: | Steven C. Cros | by | _ | | |
| New Registered Office Address: | 8960 Bay Colo | ny Drive, #1203 | | | |
| | | Enter Florida street address | - | | |
| | Naples | , Floric | | | |
| | | City | 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------------------------|---|----------------|
| AMBR | First American Exchange Co., LLC | 18500 VON KARMAN AVE STE 600 | □ Add |
| | | IRVINE, CA 92612 | ■Remove |
| | | | Change |
| MGR | Steven C. Crosby | 8960 Bay Colony Drive, #1203 | ≣ Add |
| | | Naples, Fl 34108 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
| | | NE Change | |
| | | | □Add |
| | | ☐ □Remove □ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | |
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| ord is filed. | |
|---|---------------------------------|
| Effective date, if other than the date of filing: | |
| Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th Pord is filed. Dated January 11 A 2023 | |
| Effective date, if other than the date of filing: | |
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| Dated | nt to 605.020 t be listed as |
| Dated | day after the |
| | • |
| Signature of a member of authorized representative of a member | i |
| Signature of a memory a administrative representative of a military | |
| Steven C. Crosby | . (|