12/8/21, 2:39 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 Phone : (305)882-1238 Fax Number : (305)882-1260

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HGJ ENTERPRISE LLC**

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S. PRATHER

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COVER LETTER

| | | stration Sec sion of Corp | | |
|-----------------|-------------------|--|---|--|
| SHRIEC | | HGJ ENTER | PRISE LLC | |
| 308060 | ·11 . | | Name of Lim | ited Liability Company |
| The encle | osed | Articles of A | mendment and fee(s) are sub- | initled for filing. |
| | | | dence concerning this matter | |
| | | | EMELINA ESPINOSA | |
| | | | | Name of Person |
| | | | HGJ ENTERPRISE LLC | |
| | | | | Firm/Company |
| | | | 1783 W 58TH ST | |
| | | | | Address |
| | | | HIALEAH, FL 33012 | |
| | | | | City/Stare and Zip Code |
| | | | AB1100@YAHOO.COM E-mail address: (| to be used for future annual report notification) |
| For furth | er in: | formation co | ncerning this matter, please of | |
| EMULIN | NA E | SPINOSA | | 305 4317543 |
| | | Name of | Person | Arca Code Daytime Telephone Number |
| Enclosed | is a | check for the | e following amount: | |
| □ \$ 25. | 00 Fi | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| | Reg Div P.O | ilng Address distration Solision of Co Box 6327 lahassee, F | ection orporations | 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

| AICTICEDES OF O | ROM TON TON | 二二 (八) | _ |
|---|---|-------------------------------------|-----------|
| Oi | F | EC -6 HASSE | FILE |
| | | TT1 | 111 |
| HGJ ENTERPRISE LLC | | | U |
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | AK II: 04 DF STAIE J. FLORIDA | |
| The Articles of Organization for this Limited Liability Company v | were filed on 5/24/2021 | and assigned | |
| Florida document number L21000242282 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | ty Company," the designation "LLC" or the abbr | reviation "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) | | | _ |
| | | | - |
| B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here: | ddress on our records, enter the name | of the new registe | ered |
| Name of New Registered Agent: | | | - |
| New Registered Office Address: | | | <u> -</u> |
| | Enter Florida street uidd ess | | |
| | | | |

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.

City

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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|------------------|-------------------|----------------|
| MGR | EMELINA ESPINOSA | 1783 W 58TH ST | □Add |
| | | HIALEAH, FL 33012 | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | • | Change |
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| | | | □:Change |

| If amending any other information, enter change(s) here: (Attach additional sheets, if neces | ssary.) |
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| Effective date, if other than the date of filing:(optio | onal) |
| 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 1 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. | date will not be listed as |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) | |
| rd is filed. | 2021 DE Segre Fallah |
| Dated DECEMBER 6TH 2021 | |
| | C-6 AM |
| Signature of a machber or authorized representative of a member | |
| emelina espinosa | AN II: O4 F STATE FLORIDA |
| Typod or printed name of signee | 04 DA |