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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HHI Holdings, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)  bility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on August 6, 2021	and assigned
Florida document number L21000355397		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		202) SEO
(Principal office address MUST BE A STREET ADDRESS)		CA SA
-		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		<del></del>
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, enter the name	of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del> ,	, Florida	<u>.</u>
	City	Zip Code

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>	Name	Address	Type of Action
AMBR	Jalil Hanna	14900 NW 44th Avenue, #9	□Add
		Opa Locka, FL 33054	≅Remove
			□Change
AMBR	David Torres	14900 NW 44th Avenue, #9	≣Add
		Opa Locka, FL 33054	□Remove
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E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	ock does not meet the app	plicable statutory fi	(opt r more than 90 days aft ling requirements, th	tional) er filing.) Pursuant to his date will not be	605.0207 (3 listed as th
If the record specifies a delayed effective record is filed.	date, but not an effective	re time, at 12:01 a.r.	n. on the earlier of: (	(b) The 90th day	after the
Dated August 27		·			
	s/ David Torres	3		<del></del>	_
	nguature of a member or a	umorizea representati	ive of a member		
David Torres	Typed or ne	inted name of signee			

Filing Fee: \$25.00