Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIALEAH RE "LLC"

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

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

HIALEAH RE "LLC"	
(Name of the Limited Liability Company as it now annear (A Florida Limited Liability Company)	s or our records.)
The Articles of Organization for this Limited Liability Company were filed on 08/	26/2021
Florida document number L21000383822	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·
(Principal office address MUST BE A STREET ADDRESS)	<i>y'k</i> ≥
<del>*************************************</del>	7.5
Enter new mailing address, if applicable:	ET LO
Mailing address MAY BE A POST OFFICE BOX)	70
<del></del>	
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:	cords, enter the same of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enser Florid	a street address
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	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 um 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 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	Name	Address	Type of Action
AMBR	FINANCIAL INVESTMENTS SOI	1095 E 4ÁVE SUITE A	
		HIALEAH FL 33010	— □ Add  ■Remove
AMBR	ORLANDO RODRIGUEZ	18731 NW 89TH PL	Change
		Total	<b>■ Ad</b> d
		HIALEAII FL 33018	
		-	Change
AMBR	ARICELIS RODRIGUEZ	18731 NW 89TH PL	<b>= =</b> :Add
		HIALEAH FL 33018	□ Remove
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	per information, enter change(s) here: (Attach additional sheets, if nec		
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document's effective date	than the date of filing:  10/19/2021  the date most be specific and carmet be prior to date of filing or more than 90 days after fill in this block does not meet the applicable statutory filing requirements, this con the Department of State's records.	date will not be l	isled as ti
e record specifies a delayered is filled.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day at	fter the
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Dated			nc T
Dated	Signature of a member or authorized representative of a member	ي دي	61 130 lead
Dated	Signature of a member or outhorseld representative of a member  ORLANDO RODRIGUEZ		UCT 19 PH 4: