L21000405758

(Requestor's Name)	
(Address)	
(Address)	2
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	٠
(Document Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			•	
SUBJE	~	HVI ENTERPRISES LLC			
SUBJEA	<u> </u>	Name of Lim	ited Liability Company		
The encl	losed Anicles of	Amendment and fee(s) are sub	mitted for filing.		
Please ro	eturn all correspo	ondence concerning this matter	to the following:		
	Name of Person Firm/Company 9715 Sandalfoot Blvd				
		Name of Person Firm/Company			
		400-00	Firm/Company		
		9715 Sandalfoot Blvd			
			Address		
		Boca Raton Fl 33428			
		emanuelle@accountant.com	·		
		E-mail address: (to be used for future annual report notifi	ication)	
For furth	ner information c	oncerning this matter, please ca	all:		
Emanue	lle Oliveira		561 299.7414 at ()	4 Statement	
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	d is a check for th	ne following amount:			
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 Tallahassee, FL 32314

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

HAYLERAHVI ENTERPRISES LLC			_
(<u>Name of the Limited Liability Comps</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
ne Articles of Organization for this Limited Liability Company	y were filed on 09/13/2021	and	assigned
orida document number 1.21000405758			
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	bility company here:		
AILERAHVI ENTERPRISES LLC			
e new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the		ı "L.L.C."
nter new principal offices address, if applicable:	2)21 S	t et ar,
rincipal office address MUST BE A STREET ADDRESS)	` <u>.</u> .		
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nter new mailing address, if applicable:		i, 📯	ألو ۵۰۰
Aailing address MAY BE A POST OFFICE BOX)	,	J	
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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

Zip Code

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>	Address	Type of Action
			□Add
			□Remove
			□ Change
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