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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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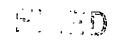
9 5/21/2022

## **COVER LETTER**

TO: Registration So Division of Cor			¢	
HGE COR		•	•	
SUBJECT:		ited Liability Company		* : :
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Dermot Graham			•
		Name of Person		-
	HGE			
	Firm/Company			
49 N Federal Hwy #174				
		Address	<u></u>	-
	Pompano Beach			
		City/State and Zip Code		-
	FL 33062			
		to be used for future annual report notif	fication)	
For further information of	concerning this matter, please c	all:		
Dermot Graham 954 200-4872				
Name of Person			e Telephone Numbe	r
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Address:		Street Address: Registration Sec	etion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		310

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HGE Corp. LLC

2022 APR 15 AM 11: 25

(Name of the Limited Liability A. Florida	ty Company as it now appears on our red a Limited Liability Company)	<u>cords.</u> )
(A Tionas	. Commercial Educatory Configuration	TALL ME. H
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{10/4/2021}{}$	
Florida document number 1.21000433351		
fortula document rumber	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
HGE, LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
	<del></del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Stuting agaress sign of the Strong Of the Body		
	<del></del>	
B. If amending the registered agent and/or registered	d office address on our records, en	ter the name of the new regist
agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new region
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldrass
<del></del>	/**···	, Florida Zip Code
	City	гір Сойе

## 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 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
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			Change

Dermot A. Graham

Typed or printed name of signee