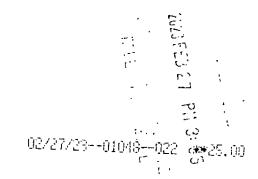
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations			
elib lezer	HSD VEN	TURES! LLC	•		
SUBJECT:	Name of Limited Liability Company				
		Amendment and fee(s) are sub- ndence concerning this matter	-		
		DOMENICK LAZZARA.	ESQ.		
			Name of Person		_
		DOM LAW, PA			
			Firm Company		-
		1814 N 15TH STREET			0
			Address		
		TAMPA, FLORIDA 3360	5		(,)
			City State and Zip Code		- - 70 14
		DOM@DOMLAW.COM			Ö
			to be used for future annual report not	ufication)	(ب) ات
For further in	formation co	oncerning this matter, please co	ıll.		
DOMENICK	LAZZARA	, DOM LAW, PA	813 606-5036		
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a	check for th	e following amount:			
■ \$25,00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Se Division of Co The Centre of 1 2415 N. Monro Tallahassee, FI	rporations Fallahassee se Street, Suite 8	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HSD VENTURES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10 07 2021 ___ and assigned Florida document number $\frac{1.24000439789}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: دى ص Name of New Registered Agent: New Registered Office Address: Enter Florida steeet address

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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ELSNER, EDWARD R	408 Apache Trail	TAdd
		Brandon, FL 33511	■Remove
			□Add
			□Remove
			DChange
			ERemove Fr C C D(Change
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Dec.	02 21 20	023			
Effective date, if other than the da If an effective date is listed, the date must b	oe specific and cannot be p	rior to date of filing	or more than 90 days a	ptional) iter filmg.) Pursuant to	605,0207
<u>Note:</u> If the date inserted in this block document's effective date on the Dep:	k does not meet the ap- artment of State's reco	plicable statutory rds.	filing requirements.	this date will not be	listed as
e record specifies a delayed effective d rd is filed.	fate, but not an effective	e time, at 12:01 ;	i.m. on the earlier of	: (b) The ⁹ 0th day :	ifter the
Dated 21 FEBRUARY					
<u>Gregory Gurbikian</u>	<u> </u>				
2008 Tellar 1100 120 120 120 1	**				
<u>Gregory Gurbikian</u> Si	gnature of a member or a	uthorized represent	ative of a member		•

Filing Fee: \$25.00