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TALL TRANSFER FLORIDA

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COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT:	hylee ho	ited Liability Company	<u>ي</u>	#
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Satt	Schaes	fer	
	Pyle	Name of Person C Y O'C Firm/Company	LLC	ر
	15589	Address	Stree!	+ North
	west Polo Scott @ G E-mail address: (1	City/State and Zip Cod SCOOL FCT to be used for future annua	bniw	33412 005,000
For further information con	cerning this matter, please ca	all:		
Scott 9	schaefer	at (561)	313-	8235
Name of P	erson	Area Code	Daytime Tet	ephone Number
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		560.00 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**

TO	0	
ARTICLES OF O	RGANIZATION	
Ol	F S F S	
hylee Ka	He LLC)
(Name of the Limited Liability Compan	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	529
this affendment is submitted to afficing the following.	, , ,	
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
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)		
Industry address Will BE AT OUT OF THE BONY		_
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new regi</u>	<u>stered</u>
Name of New Registered Agent:		
New Registered Office Address:	<u>.</u>	
	Enter Florida street address	
	, Florida	
	City Zip Code	

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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Chanve

If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	The LLC should be listed as a
11	Investment Company" not.
-	"Restaurant Rar" the Tisted it
-	in correction
-	111001160119.
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lf an cf <u>Note:</u>	ive date, if other than the date of filing:
record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	11ed. 2021 19 19
	-14 70 B
	1//1/
	Signature of a member or authorized representative of a member ω
	Typed or printed name of signce

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