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C. BRUMBLEY DEC 2 7 2021



TO: Registration Section Division of Corporations
SUBJECT: Hushing Essential 72 /10 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andy Pascale A. Cherry Name of Person
Huslity Essential Z //c
100 N.E. 29th Street
PomPano Beach F1, 33064
Cherish 2392 Q Lot mail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HNSY PASCALE A. CHERY at (561) 273 - 5751  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee,  Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed)  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

Muslify Eccofielaz 110.

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 21000492544</u>	ny were filed on <i>[] _[[[a]</i>	/ <i>302/</i> a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
		<b>₽</b>	3
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation		
Enter new principal offices address, if applicable:			7 <b>[ ]</b>
(Principal office address MUST BE A STREET ADDRESS)		¥.7.	
Tricipal office dutiess months from the first first first			[1]
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		三 三	
Enter new mailing address, if applicable:			3
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<del></del> ,	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records,	enter the name of the	he new registered
Name of New Registered Agent:		<del></del>	
New Registered Office Address:		<u>.</u>	
	Enter Florida street	address	
		, Florida	
	City	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 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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) accorded to manage, where 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
4 <u>HBR</u>	ANSY PASCALE A CHERY	100 N.E. 29th street	SA/dd
	•	100 N.E. 29th street Pom Pano Beach Fl 3306	7 <u>4</u> □Remove
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	l cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020: neet the applicable statutory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not and is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	tember or authorized representative of a member

Filing Fee: \$25.00