## L22000075611

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
	Hazel Eyes	Investment Group			
SUBJ	ЕСТ:				
		Name of Lin	sited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
Nicole A Bridges					
			Name of Person	<del></del>	
		Hazel Eyes Investment Gro	oup		
Firm/Company					
	Firm/Company  3255 S. John Young Parkway  Address				
Address					
	Kissimmee, FL 34746				
City/State and Zip Code HEInvestments101@gmail.com					
		_			
		E-mail address: (	to be used for future annual report	notification)	1:
For fu	ther information c	oncerning this matter, please c	ali:		2 3
Nicole	A Bridges		407 59 at ( )	1-6759	ा ज
	Name o	f Person	Area Code Da	ytime Telephone Number	-
Enclos	ed is a check for th	ne following amount:			
<b>S</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
Mailing Address:		Street Addres			
	Registration S Division of C		Registration	Section Corporations	
	P.O. Box 632			of Tallahassee	
	Tallahassee, I			nroe Street, Suite 810	

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
he Articles of Organization for this Limited I	Liability Company were filed on	and assigned
lorida document number H220000691343		
iorida document number	·	
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
		_
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	7:
Principal office address MUST BE A STRE.		
THE PARTIE WALLESS WOST BE A STREET	ET ADDRESS)	
		**
Enter new mailing address, if applicable:	. •	
Mailing address MAY BE A POST OFFICE		nja
Mailing address MAT BE A POST OFFICE		
		<u> </u>
3. If amending the registered agent and/or gent and/or the new registered office addre		is, enter the name of the new regi
	<del></del>	
Name of New Registered Agent:	Nicole A Bridges	
New Registered Office Address:		
New Registered Office Address.	Enter Florida st	reet address
		, Florida
	City	, Florida 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.

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	Charles Bridges III	3255 S. John Young Parkway	<del>-</del>
			□Add
		Kissimmee FL 34746	
		· ·-··	■Remove
			□Change
			□Add
			□Remove
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fective date, if other than the date of filing:	date of filing or more than 90 days after filing.) Pursuant to 605 020
ote: If the date inserted in this block does not meet the applicable	le statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is theu.	
ated August 10th 2023	
ated	•
W/O	<del></del>
Signature of a member or authorize	ged representative of a member

Filing Fee: \$25.00