

L22000118947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

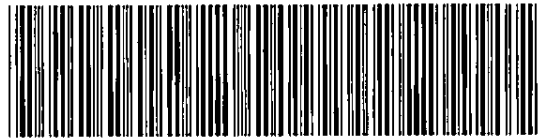
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700407309817

04/24/23--01042--006 \*\*60.00

FILED  
2023 APR 24 PM 1:11  
CLERK OF COURT  
JAN 11 2023

Y. SCOTT

JUN 11 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HF MULTI SERVICES LLC  
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:

NACY LACROIX

Name of Person

HF MULTI SERVICES

Firm/Company

1531 SW 44TH AVE APT 10

Address

FORT LAUDERDALE FL 33317

City/State and Zip Code

wilnanfod@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY LACROIX

754 3035374  
at ( )

Name of Person

Area Code

Daytime Telephone 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 enclosed)

☐ \$60.00 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

FILED  
2023 APR 24 PM 1:11  
STATE  
FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HF MULTI SERVICES 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 03052022 and assigned  
Florida document number L22000118947.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GIANT STAR LLC

The new name must be distinguishable and contain the words "Limited 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 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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*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.*

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

FILED  
2023 APR 24 PM 1:11  
CLERK OF DISTRICT COURT  
JULIA A. HARRIS

FILED  
2023 APR 24 PM 1:11  
CLERK OF DISTRICT COURT  
JULIA A. HARRIS

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 04/10/2022

Nancy Lacroix  
Signature of a member of a

Signature of a member or authorized representative of a member

Nancy Lacroix

Typed or printed name of signee

**Filing Fee: \$25.00**