Florida Department of State Division of Componitions Electronic Sling Cover Steet

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To:			
	Division of Corporations Fax Number : (850)617-6383		
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From:	Account Name : REGISTERED AGENTS	INC.	
	Account Number : I20090000081 Phone : (307)200-2803		207
	Fax Number : (855)330-1010		TES T
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ARTICLES OF AMENDMENT TO " ARTICLES OF ORGANIZATION OF

HM CONSULTANCY LLC.

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)		
(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000122414	were filed on 03/10/2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:	7901 4TH ST N. STE 7736		
(Principal office address MUST BE A STREET ADDRESS)	ST. PETERSBURG, FL 33702		
Enter new mailing address, if applicable:	7901 4TH ST N. STE 7736		
(Mailing address MAY BE A POST OFFICE BOX)	ST. PETERSBURG, FL 33702		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	IALLA HA SA	7022 SEP 12 SEGRETARY	
	Enter Florida street address , Florida , Florida	PH 6:	
	City	-Zip Cod e	
New Registered Agent's Signature, if changing Registered Agent:		(2)	

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
			□Change
			□Add
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	· · · · · · · · · · · · · · · · · · ·	NAME OF THE OWNER O	□Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) 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. If the record 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 record is filed. Dated ___ Signature of a member or authorized representative of a member Morgan Noble Typed or printed name of signee

Filing Fee: \$25.00