Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010 Fax Number : (407)425-2747

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

Email Address:______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M3 HRO II, LLC

Certificate of Status	0
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Page Count	05
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Help Sirving 2022

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COVER LETTER

TO: Registration 5 Division of Co			3
M3 HRO	II, LLC		
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	WILLIAM H ROBBINSO	N, JR., ESQUIRE	
		Name of Person	
	Zimmerman Kiser Sutcliff	c P.A.	
		Firm/Company	
	315 E. ROBINSON STRE	ET, SUITE 600	
		Address	
	ORLANDO, FL 32801		
		City/State and Zip Code	
	registeredagent@zksraservi	ces.com to be used for future annual repor	t notification)
For further information	concerning this matter, please c		
Emily Bautista, Corpo	rate Paralegal	407 425-70	10
	e of Person	at () Area Code D	aytime Telephone Number
Enclosed is a check for	the following amount.		
■ \$25 00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	The Centre 2415 N. M	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M3 HRO II, LLC	<u></u>	
(Name of the Limited Liability Compan (A Fiorida Limited Li	ny as it now appears on our records.) abinty Company)	
The Articles of Organization for this Limited Liability Company villorida document number <u>L22000129982</u>	were filed on <u>03/29/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	, Florid	a
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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	M3 HRO, LLC	PO BOX 1263	\ \ \
		ORLANDO, FL 32803	■Remove
			Change
MGR	M3 INSURANCE SERVICES, LLC	PO BOX 1263	⊟ Add
		ORLANDO, FL 32803	Remove
			Change
			🗆 🗀 Add
			Remove
			Change
			Remove
			Change
			□Add
			Remove
			☐ Change
			🗆 Add
			□Remove
			□Change

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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b	st be specific and cannot be p sock does not meet the app	olicable statutory filing	(optional) ore than 90 days after filing) is g requirements, this date w	Pursuant to 605 0207 ill not be listed as
document's effective date on the D	epartment of State's reco	ras.		
e record specifies a delayed effection of the control of the contr	ve date, but not an effectiv	re time, at 12:01 a.m. (on the earlier of: (b) The	90th day after the
Dated September 21	2022	·		
and the second s	Signature of a member or a		2	

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