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A. RIVERS AU3 2 3 2023

COVER LETTER

Division of Corporations
SUBJECT: HEC Repovations 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:
Dijon tolmes Name of Person
H&C Innovations LLC
Firm/Company
111 North Orange Ave Suite #800
Orlando, FL 32801 City/State and Zip Code
HCOHand Center Prise. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dijon Holmes at (786) 533-6141
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ★ \$60.00 Filing Fee.
Certificate of Status (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ny as it now appears on our records.) Liability Company)	
were filed on 03/15/2022	and assigned
ility company here:	
ity Company," the designation "LLC" or the ab	breviation "L.L.C."
111 North Orange	Ave
Orlando, FL 32801	
111 North Orange Suite #800 Orlando, FL 32801	Ave
ddress on our records, enter the nam	e of the new registered
/ _A	- <u>-</u>
Enter Florida street address	
, Florida City	Zip Code
ee to act in this capacity. I further agreerformance of my duties, and I am forovided for in Chapter 605, F.S. Or, address, I hereby confirm that the lin	amiliar with and if this document is
	ility company here: ity Company

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>	Name	Address	Type of Action
NA	N/A	NA	□Add
			□Remove
			□Change
	·		□Add
			□Remove
		[] Change	
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		□Remove	
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
N/A (I'm only amending the name of the
MA (I'm only amending the name of the Company; From "H&C Renovations LLC" to
"Har To have the "
THE LANOPORTIONS LLL

E. Effective date, if other than the date of filing: 01/25/23 (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 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.
f 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 ecord is filed.
Dated July 25th 2023.
Signature of a refember or authorized representative of a member
Dijon Holmes Typed or printed name of signee

Filing Fee: \$25.00