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S. FRANKLIN
JUL 14 2023

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		tal Investment, LLC		
SUBJEC	t: <u></u>	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	omitted for filling.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Horacio Calonje		
			Name of Person	
			Firm/Company	
		6110 Falconsgate Avenue		
			Address	
		Davie, FL 33331	•	
			City/State and Zip Code	
		horaciocalonje@gmail.com		
For furthe	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual reportable:	notification)
Horacio Calonje		786 303-174		
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed	is a check for tl	he following amount:		
■ \$25.0	0 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		Street Addres Registration		
Division of Corporations		-	Corporations	
	P.O. Box 632			of Tallahassee
1	Fallahassee, l	HL 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HCK CAPITAL INVESTMENT, LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	05/02/2022 and assigned
Florida document number L22000205474	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	
Enter new principal offices address, if applicable:	2013111Y
(Principal office address MUST BE A STREET ADDRESS)	٠ ١
Enter new mailing address, if applicable:	P ;
Mailing address MAY BE A POST OFFICE BOX)	6.0
	&
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address: Enter F.	lorida street address
	, Florida
Cin	Zin Coda

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

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
AMBR	Horacio Calonje	6110 Falconsgate Avenue	□Add
		Davie, FL 33331	□Remove
			■Change
AMBR	Sara Cohen	6110 Falconsgate Avenue	□Add
		Davie, FL 33331	□Remove
			■Change
MGR	Valeria Calonje	19420 Stonebrook Street	■Add
		Weston, FL 33332	□Remove
			Change
			□Remove
			□Change
			□Add
			Remove
		 	□Change
			□Add
			_Remove
			□ Change

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ote: If the date inserted in this bloc ocument's effective date on the Dep	k does not meet the applicable statutory artment of State's records.	(optional) g or more than 90 days after filing.) Pursuant to filing requirements, this date will not be a.m. on the earlier of: (b) The 90th day a	listed a
is filed.	and, but not all effective time, in 12.01	ii.m. on the curren or. (o) The your day e	
ated May 10	2023		
	ignature of a member or authorized represen		

Filing Fee: \$25.00