199944991

(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



200391504772

2023 HAR -6 AH 8: 57



Ch 3/1/2023

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/06/23

NAME:

HUBIFY LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

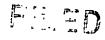
COVER LETTER

TO: Registration So Division of Cor						
Hubify LLC						
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.				
	ondence concerning this matter					
	Manuel Arana					
		Name of Person				
	Hubify LLC					
		Firm/Company				
	12124 ST Andrews					
		Address				
	Miramar, FL 33025					
		City/State and Zip Code				
	manuel.arana6680@gma					
For further information c	e-mail address: (concerning this matter, please c	To be used for future annual report rall:	iodification)			
Manuel Arana		786 857-8003				
Name o	d Person	at () Area Code Day	time Telephone Number			
Enclosed is a check for t	he 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 Addres		Street Address:				
Registration S		Registration : Division of C				
Division of C P.O. Box 632			f Tallahassee			
Tallahassee,			roe Street, Suite 810			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Hubify LLC

2023 HAR -6 AM 8: 57

(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 May 17, 2022 and assigned Florida document number L22000229991 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 _, Florida <u>___</u> City 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 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
AP	Manuel Arana	10411 SW 146th Place	□Add
		Miami, Florida 33186	
			Change
			□Add
			□Remove
			[]Change
			□Add
		 	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			Add
			□Remove
			ClChange

				<u></u>
				
	·			
-				
				
				
				
	_			
ective date, if other than the neffective date is listed, the date must te: If the date inserted in this blooment's effective date on the Decement's	be specific and cannot be prior to ock does not meet the applicab spartment of State's records.	date of filing or more than the statutory filing requ	irements, this date will no	t be listed as
ecord specifies a delayed effective s filed.	date, but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
March 6	2023	•		
March 6	· -	-·		
	Signature of a member or authori	zed representative of a m	ember	

Filing Fee: \$25.00