L22000236163

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	\$)
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PICK-UP	☐ WAIT	MAIL
(D.,	-ia-a- Esta Nama	
(Bu	siness Entity Name	;)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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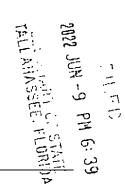
COVER LETTER

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то:	Registration S Division of Co			
SUBJE	H GENER	AL 1 LLC		
		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please r	etum all correspo	ondence concerning this matter	to the following:	
		RAUL HERNANDEZ PIN	JEYRO	
			Name of Person	
		H GENERAL I LLC		
		-	Firm/Company	
		8511 FOXCROFT DR		
			Address	
		TAMPA FL 33615		
			City/State and Zip Code	
		RAULHERNANDEZ969@		
			o be used for future annual report notif	leation)
For furth	ner information c	oncerning this matter, please ca	ll:	
RAUL I	IERNANDEZ P		813 770-3991 at()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallata. Proposta

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

H GENERAL I LLC

(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 Florida document number L22000236163	y were filed on 05/02/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC" or the abb	reviation "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 agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Entar Florida street address	
	. Florida	

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.

City

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
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		TAMPA FL 33615	C n
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an effective date is listed, the	date must be specifie an	id cannot be prior to	date of filing or more t	han 90 days after fili	ing.) Pursuant to	605.020
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Typed or printed name of signee