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COVER LETTER

TO:

Registration Section Division of Corporations

HR PEOPLE MANAGEMENT LLC SUBJECT: 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: Leonardo Heidner Name of Person Heidner Law Firm, P.C. Firm/Company 60E 42nd Street Address New York, N.Y. 10165 City/State and Zip Code leo@heidnerlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leonardo Heidner Name of Person 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 Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	oears on our records.)		
he Articles of Organization for this Limited I		06/09/2022	and assig	<u>a</u> ned
lorida document number L22000256487	·			
nis amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name of	of the limited liability company	here:		
e new name must be distinguishable and contain the	words "Limited Liability Company," tl	ne designation "LLC" or the ab	obreviation "L.L.	.C."
nter new principal offices address, if appli	cable:		22	3
rincipal office address MUST BE A STRE	ET ADDRESS)		433	7. 7. 7.
-			2	<u> </u>
			PH	20.0
Enter new mailing address, if applicable:			<u>မှ</u>	- 開か - 円型
failing address MAY BE A POST OFFICE			-	E #
If amending the registered agent and/or ent and/or the new registered office addre		r records, <u>enter the nam</u>	e of the new	regist
Name of New Registered Agent:				
New Registered Office Address:	5255 Collins Ave. Apt. 10H			
	Enter i	Florida street address		
	Miami Beach		140	
	Cin		Zin Code	

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 R	egistered Agent

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

. MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other that fan effective date is listed, the da Note: If the date inserted in t document's effective date on	his block does n	ot meet the app	licable statutory	or more than 90 of filing requirement	_(optional) lays after filing.) ents, this date w	Pursuant to 60. vill not be list	5.0207 (ted as (
e record specifies a delayed ef ed is filed.	fective date, but	not an effective	time, at 12:01:	a.m. on the earli	er of: (b) The	90th day afte	er the
August 19		2022					
Dated		,	/				
Dated August 19		Heart	len	tative of a membe			