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TO:

Tallahassee, FL 32314

(additional copy is enclosed) Certified Copy	TO: Registration Se Division of Cor			
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: ANTHONY MORALES Name of Person MYUSACORPORATION.COM Firm/Company I RADISSON PLAZA, SUITE 800 Address NEW ROCHELLE, NY 10801 City/State and Zip Code INFO@MYUSACORPORATION.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTHONY MORALES Name of Person Real Solution		LLC		
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Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HILALF	EX LLC	2022 3111 28 311 8: 34
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records. Liability Company)	· · ·
The Articles of Organization for this Limited Liability Company Florida document number	were filed on06/17/2022	and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4TH ST, N STE 6329	
(Principal office address MUST BE A STREET ADDRESS)	ST. PETERSBURG, FL 33702	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 4TH ST. N STE 6329 ST. PETERSBURG, FL 33702	
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 t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floi	rida
	City	Zip 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 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>	Address	Type of Action
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record : rd is filed	specifies a delayed effec i.	tive date, but r	not an effecti	ve time, at 12:	01 a.m. on the	earlier of: (b) - 3	The 90th day after th
Dated	June 24		2022				
			(Mar)	معمد			
		Signature o	f a member or	authorized repre	esentative of a m	ember	

Filing Fee: \$25.00