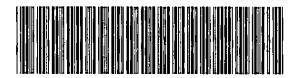
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2022 SEP 22 PH 12: 49

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HMW Tryestment LLC 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:
Wendy Horton Name of Person
Firm/Company
8060 N Colony Circle, Bldg 7, APT 24
Tamarac Fl 3332
E-mail address: (to be used for inture annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 534 - 0678 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{c} \text{S25.00 Filing Fee} \text{ \$\Begin{array}{c} \text{S30.00 Filing Fee} \text{ \$\Certificate of Status} \$\Certifica
Mailing Address: Registration Section Resistration Section Resistration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Li	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 2200036979</u> 7	vere filed on August 23 22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liability 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)	6635 W Commercial Blvd STE 119-7 Tamarac, Fl 33319
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida YipLode
New Registered Agent's Signature, if changing Registered Agent	City ? Zip Lode
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Orbit this document is
If Ci	anging 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:

	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
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			□Remove
			☐ Change
			□ Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I com amendena the Rusiness
phone number to 954-284-1101
C Number on current File is 954-534-0678
Trumber or content Fig. 13 DI 331 DOW
I want the new Brieness number
L to be 954-284-1101.
·
E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
a wh
Dated Sept 20" . 2022 .
to Haran
Signature of a member or authorized representative of a member
1 land. The days
Typed or printed name of signec