## 122000 40009

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(Address)
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(City/State/Zip/Phone #)
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R. HUNT 03/28/2J

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: HUEY'S GI	LOBAL ENTERPRISE LLC				
SUBJECT:		ited Liability Company			
	Amendment and fee(s) are sub-				
Please return all correspo	ndence concerning this matter	to the following:			
	Diane D. Huey				
		Name of Person			
	HUEY'S GLOBAL ENTE				
		Firm/Company		. 23	
	100 Biscayn Blvd., Suite 1	114		다. 12 1일 13 1일	_
		Address	•		
	MIAMI, FL, 33132			PH I:45	1
		City/State and Zip Code		100 <u>-</u>	£ 6
	V mail address: (	to be used for future annual report not	(fication)	· 프 - 교	
For further information e	oncerning this matter, please c				
B' BH.	•	, 786 725-3730			
Diane D. Huey Name o	f Person	at ()	ne Telephone Number	<del>_</del> _	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addres	88 <u>:</u>	Street Address:			
Registration	Section	Registration Sc			
Division of C P.O. Box 633	=	Division of Co The Centre of	•		
Tallahassee.			oe Street, Suite 81	0	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) arbihty Company)	
The Articles of Organization for this Limited Liability Company	were filed on 9/19/2022	and assigned
Florida document number L22000400545		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Huey Global Group LLC.		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		د ۳
(Principal office address MUST BE A STREET ADDRESS)	• :.	3
Trintiput office and the second of the secon		(
	(	TO 111
D. A. C.		} <u> </u>
Enter new mailing address, if applicable:	1.2	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the nam	ne of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	[7]	
	, Florida , Florida	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 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
Mr.	Attila Kiss	55 NE 5th St. unit 4903, Miami, FL. 33132	
			□Remove
			□Change
			□Add
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	. 43	9 . -p 137
	- <u></u>	
<b>Fective date, if other than the date of filing:</b> In effective date is listed, the date must be specific and cannot be prior to date of filing or more the other. If the date inserted in this block does not meet the applicable statutory filing requesion of the date on the Department of State's records.	(optional) nan 90 days after filing.) Pu puirements, this date will	rsuant to 605,0207 I not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	e earlier of: (b) The 90	)th day after the
ated March, 23		
Signature of a niember or authorized representative of a s	member	

. . .

Filing Fee: \$25.00