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(Requestor's Name)	
(Address)	400404
(Address)	400404
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/21/230
(Business Entity Name)	
(Document Number)	
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R. HUNT 03/21/23

COVER LETTER

TO: Registration Section

Division of Corp	orations			
SUBJECT: HWC	Pressiare (1)	Shing Service Liability Company	s LLC	
The enclosed Articles of A	mendment and fee(s) are submit	tted for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	SHAnnon	COLON Name of Person		
		Firm/Company		
	lolo 8 Links	•		
	668 Linwood	Address .	,	33
	Jacksonville Scolon 11@hot	F1 32206	cation)	
		City/State and Zip Code		<u>N</u> -
	sccolon 11@ hot	mail·com	5 S	- II
	E-mail address: (to b	be used for future annual report notifi	cation)	PR C
For further information con	ncerning this matter, please call:		구점 구점	: 42
SHANNON (Person	at (630) 596 - Area Code Daytime	3793	
Name of I	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	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 F Certificate of S Certified Copy (additional copy is	Status &
Mailing Address: Registration Sc Division of Co P.O. Box 6327	rporations	Street Address: Registration Sectorial Division of Corporate Centre of Ta	orations allahassee	
Tallahassee, FI	. 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

v as it now appears on	vius LL (· -
iability Company)		
were filed on/�\d	1112022	and assigned
lity company here:		
ty Company," the design	ation "LLC" or the abbr	reviation "L.L.C."
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	FL	
ddress on our recor	ds, <u>enter the name</u>	of the new registe
E. e. El · I		
Enter Florida si	reet address	
City	, Florida	Zip Code
	were filed on /d// lity company here: ty Company," the design	were filed on

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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		Jacksmulle F1 32206	XRemove
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ective date, if other that effective date is listed, the de e: If the date inserted in ament's effective date on	this block does not	meet the applica	/ <u>名ひえろ</u> o date of filing or m ble statutory filin	ore than 90 days at g requirements, t	tional) fer filing.) I his date w	Pursuant vill not b	to 605.02 be listed
and a creetive date on	me Department Of	State 5 records.					
ord specifies a delayed e filed.	ffective date, but no	ot an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The	90th da	y after th
	15 CL	. <u>2023</u>					
d March							