

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

((H23000310196 3)))



H2300031019634ECZ

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

..Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please..

Email Address: EFILE1234@INCFILE.COM

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DELTA AIR CORP.
DIVISION OF INT. AFF. FLORIDA
TALLAHASSEE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HRJ SOFTWARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2023-11-11 11:41:50

Corporate Filing Menu

SEP 13 2023

COVER LETTER

(((H23000310196 3)))

TO: Registration Section
Division of Corporations

SUBJECT: HRJ SOFTWARE 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:

LOVETTE DOBSON

Name of Person

Firm Company

17350 STATE HWY 240 #220

Address

HOUSTON TX 77064

City State and Zip Code

EFILE1234@INCFILE.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

8884623453

at ()

Name of 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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H23000310196 3)))

HRJ SOFTWARE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/08/2023 and assigned Florida document number L23000071151.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2460 Lakeview Ave.

(Principal office address MUST BE A STREET ADDRESS)

Clermont, FL 34711

Enter new mailing address, if applicable:

2460 Lakeview Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Clermont, FL 34711

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Robert Molnar	2460 Lakeview Ave.	☐ Add
		Clermont, FL 34711	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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(U) 1230003 10196 3.4

0) If providing any other information, enter change(s) here: *(If applicable, attach sheets of additional pages.)*

3. Effective date, if other than the date of filing: _____ (optional)

If the date inserted in the above space is a calendar date of filing of more than 90 days after filing of said appeal, and 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 $\text{date} = 0$, specifies a delayed effective date, but not an effective time, at 12:00 a.m. on the earlier of (b) + 1 the birth date, or (b) + 1 the death date.

September 05 2023

Robert A. Carr

100-443887-100

Robert Molnar

Type of printed material: _____

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Filing fee: \$25.00