Division of Corporations ectronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : 120000000291 Phone : (407)847-7466 Fax Number : (407)847-6641

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

Email Address: taxes@sbc-cpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HJS LEGACY INVESTMENTS, LLC

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Electronic Filing Menu

Corporate Filing Menu

Helps ROBERTS MAY 2 6 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HJS Legacy Investments, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on March 14, 2023	and assigned
Florida document number L23000131751		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		المرا
(Principal office address MUST BE A STREET ADDRESS)		
		^ ¶
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent:	ldress on our records, <u>enter the</u>	name of the new register
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and 1 ovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent. Signature of New Registered Agent

m: Rachelli Malit Fax: 13214025194 To: Fax: (850) 617-6383 Page: 3 of 4 05/24/2023 5:30 PM (((1)4500015150057))

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
P Harry J. Swart	Harry J. Swart	1101 Miranda Lane	= Add
		Kissimmee, FL 34741	□Remove
			□Change
VP Melanie D. Gassert	Melanie D. Gassert	1101 Miranda Lane	= Add
		Kissimmee, FL 34741	Remove
			Change
S Valerie Llotta	1101 Miranda Lane	= Add	
	Kissimmee, FL 34741	Remove	
		□ Change	
	 		
			☐ Remove
			Change
		□Add	
			CRemove
			□ Add
			Remove
			□ Changa

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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iote: If t	date, if other than the date of filing: (optional) re 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed s effective date on the Department of State's records.
record sp l is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	y 24 2023
eron	12
	Signature of a member or authorized representative of a member
	Harry J. Swart, President
	Typed or printed name of signee