## L2300153783

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## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Antoinette Hinson & Al J.	. Hinson	
	<del></del>	Name of Person	
		Firm/Company	<del> </del>
	16000 Pines Blvd #8278	92	
		Address	
	Pembroke Pines, FL 330	82	
		City/State and Zip Code	<del></del>
	rentals@hinsonpremierin		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	ail:	
Mrs. Antoinette Hinson		786 326-3683	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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	<u>s:</u>	Street Address:	

Registration Section **Division of Corporations** 

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**Registration Section Division of Corporations** 

TO:

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

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records,) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000153783		and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	oility company here:	2023 HAY
rea	lite Comment "the designation "I I C"	
The new name must be distinguishable and contain the words "Limited Liabi	16000 Pines Blvd	or the appreviation, c.c.c.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	#827892	· ø
Trincipal Office and cos Moor DE 11 OF MED 1 1500 MED 1	Pembroke Pines, FL 33082	21
Enter new mailing address, if applicable:	16000 Pines Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	#827892	
	Pembroke Pines, FL 33028	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter th</u>	ne name of the new regis
New Registered Office Address:	Enter Florida street address	<del></del>
		• 4
	, Flori	ida 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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-	
	5/1/2023
lf an cf <u>Note:</u>	ive date, if other than the date of filing:
e record	rd 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 led.
Dated	May 9 2023
	The state of the s

Typed or printed name of signee