

L23 000 184 933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

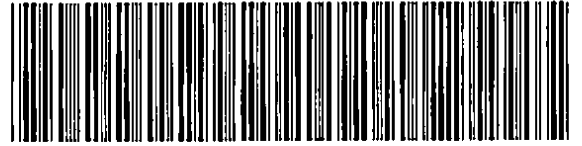
(Business Entity Name)

(Document Number)

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2023 MAY -5 PM 1:53
OFFICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HRH BABY 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:

HUFF, HAROLD RAY, JR.

Name of Person

HUFF, HAROLD RAY, JR.

Firm/Company

3071 N ORANGE BLOSSOM TRL, Suite S

Address

Orlando, FL 32804

City/State and Zip Code

Hrayh62@yahoo.com

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

For further information concerning this matter, please call:

HUFF, HAROLD RAY, JR.

901 496-2813
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HRH Baby 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 04/14/2023 and assigned
Florida document number L23000184933.

This amendment is submitted to amend the following:

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

L23000184933

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:

(Principal office address MUST BE A STREET ADDRESS)

3071 N ORANGE BLOSSOM TRL, Suite S

Orlando, FL 32804

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3071 N ORANGE BLOSSOM TRL, Suite S

Orlando, FL 32804

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:

HUFF, HAROLD RAY, JR.

New Registered Office Address:

3071 N ORANGE BLOSSOM TRL, Suite S

Enter Florida street address

Orlando

City

Florida 32804

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

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>	<u>Type of Action</u>
MGR	HUFF, HAROLD R, JR.	3071 N ORANGE BLOSSOM TRL, Suite S	<input type="checkbox"/> Add
		Orlando, FL 32804	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00