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(Address)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: HU	SALGS L	LC	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	HOWARD	WEINSTEIN Name of Person	<u>\</u>
	HW S.	ALGS LLC	
		Firm/Company	
	1877 65	ST HILLS Gono	BLUD
		City/State and Zip Code  To TALM GD US to be used for future annual report notif	
For further information c	oncerning this matter, please co		'
Howmp We	-	at (984 ) 42-	7-6606 7-6606
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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		Street Address:	ition
Registration S  Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 <u>may 4 2023</u> and assigned Florida document number <u>L 23 000 222314</u>
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 "LLC."

The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	~>
Enter new mailing address, if applicable:	. 12
(Mailing address MAY BE A POST OFFICE BOX)	P
	- <u> </u>
	<u> </u>

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

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress
		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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after			
te: If the date inserted in this block does not meet the applicable statutory filing requirements, th ument's effective date on the Department of State's records.	is date will	i noi be ii	isteu
	1 - <b>7</b> 71 - 57		· .
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ( s filed.	b) The 90	ith day at	ice i
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ed <u>377-25</u>			~
		: 21	
Signature of a member or authorized representative of a member			