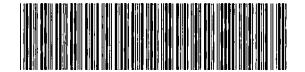
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(Re	equestor's Name)	·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Tallahassee, FL 32314

	Registration So Division of Co			•
SUBJEC	7/47	& DESING, LLC		
SUBJEC	-1: <u></u>	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		HOLLMAN E MARENC	o	
			Name of Person	•
		HG TILE & DESING LL	С	
			Firm/Company	<del>-</del>
		6950 NW 29th AVENUE		
			Address	
		MIAMI, FL 33147		
			City/State and Zip Code	
		holmarenco28@gmail.com	to be used for future annual report n	
For furth	er information o	oncerning this matter, please c	·	otification)
		•	aii.	
HOLLMAN E MARENCO		786 362-4975 at ()		
	Name o	Person	Area Code Dayi	ime Telephone Number
Enclosed	is a check for th	c following amount:		
□ \$25.0	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:	
	Registration S Division of Co		Registration S Division of Co	
	P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HG TILRE & DESING, LLC					
(Name of the Lin	ited Liability Con (A Florida Limit	npany as it now appears cd Liability Company)	on our records.)	<del></del>	
he Articles of Organization for this Limited		iny were filed on $\frac{05/2}{2}$	17/2023	and assig	gned
lorida document number L23000241867					
his amendment is submitted to amend the fo	llowing:				
. If amending name, enter the new name	of the limited li	ability company her	<u>re</u> :		
IONE					
he new name must be distinguishable and contain the	words "Limited Lis	ability Company," the de	signation "LLC" or th	ne abbreviation "L.L.	C."
nter new principal offices address, if appli	icable:	SAME	<u>.                                    </u>		
Principal office address MUST BE A STRE	ET ADDRESS)				
			100		
nter new mailing address, if applicable:		SAME			
(Mailing address MAY BE A POST OFFICE BOX)				## <b>V</b>	
				``)	
			. =		
. If amending the registered agent and/or ent and/or the new registered office addre	registered offic	e address on our re	cords, <u>enter the n</u>	ame of the new	registe
ent and of the new registered office address	ess nere:			·	
Name of New Registered Agent:	HARDIS NA	ARVAEZ			
New Registered Office Address:	6950 NW 29	th AVENUE	<del>-</del>		
	<del></del>	Enter Florid	la street address		
	MIAMI		, Florida	33147	
		City	, FIOTIUA	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.

Hand Mover O

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
AMBR	HOLLMAN E MARENCO	6950 NW 29th AVENUE	□ Add
		MIAMI FL 33147	
AMBR	HARDIS NARVAEZ	6950 NW 29th AVENUE	<b>≅</b> Add
		MIAMI FL 33147	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			Change

NONE				
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fective date, if other than the	date of filing: 02/16/		(opt	ional)
on effective date is listed, the date must be:  If the date inserted in this blocument's effective date on the December 1.	ook udea not ineet the a	IDDIICADIC SIADIIOTU	g or more than 90 days after filing requirements, the	r filing.) Pursuant to 605,020 is date will not be listed as
cument's effective date on the Do	partment of State's rec	ords.	and requirements, th	is date will not be listed as
ecord specifies a delayed effective is filed.	date, but not an effect	ive time, at 12:01	a.m. on the earlier of: (	b) The 90th day after the
is filed.				·
, 02/16	2024			
ted		·		
	AL-IM	1/		
مئة	Signature of a member or	authorized represent	tative of a member	
HOLLMAN E	Signature of a member or	authorized represent	tative of a member	

Filing Fee: \$25.00