## L23000285659

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700411807647

07/10/23--01021--005 \*+25.00

PILED

RESIDENT TO PH 2: 30

RESIDENT AND SEE STATE

Y. SCOTT AUG 14 2023

## **COVER LETTER**

TO: Registration S Division of Co				
H2A BR F	SV LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	CAROLINE AZEVEDO			
		Name of Person		20
	112A CAPITAL CORP			<b>ء</b> ال 23
		Firm/Company	22	
	2601 S. BAYSHORE DR	IVE. STE 1200	RY 0	2023 JUL 10 PM 2: 30
		Address	in w Letus	<b>≖</b>
	MIAMI, FL 33133		FL	. <del>.</del> မ
	-	City/State and Zip Code	··	_
	CAROLINE@H2ACAPIT.			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
CAROLINE AZEVEDO	)	305 722-7233		
Name o	of Person		e Telephone Number	_
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Societified Copy radditional copy is	Status &
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations	
		Tallahassee, FL	. 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H2A BR PSV LLC				
(Name of the Lim	ited Liability Co (A Florida Lim	ompany as it now appears on ited Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited I Florida document number 1.23000285659	Liability Comp	pany were filed on $\frac{6/13/2}{1}$	023	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited	liability company here:		
H2A SPC2 LLC				
The new name must be distinguishable and contain the	words "Limited	Liability Company," the design	nation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
Principal office address MUST BE A STRE	ET ADDRES:	<u> </u>		
			್ಷ ಜ	2
Enter new mailing address, if applicable:		N/A	GRETA TALLA	3 <b>7</b>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	5
B. If amending the registered agent and/or agent and/or the new registered office addr		fice address on our reco	rds, enter the same of	O
Name of New Registered Agent:	N/A			
New Registered Office Address:		F.,		
	- * *	Enter Florida s	street address	
	N/A		Florida	
		Cuy	Z	ip 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 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>	Name	Address	Type of Action
	N/A		□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
		<u> </u>	<b>3</b> _ □Change
		ALL A	
		NEY OF	Change
		E. F.L.	ب ڪ ⊡Change
	<del></del>	· · · · · · · · · · · · · · · · · · ·	□Add
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

				<del></del>
<u> </u>				
		<u></u>		
-,,,,		· · · · · · · · · · · · · · · · · · ·		
			<u>07</u>	
			<u> </u>	023
<del></del> .			A.S.	0
<del></del>			<del>20</del>	3 1
	_		OUT.	<u> </u>
			. 12	30
fective date, if other than the dat	e of filing:		_ (optional)	
n effective date is listed, the date must be state. If the date inserted in this block	specific and cannot be prior to d	ate of filing or more than 90 o	lays after filing.)	Pursuant to 605,020
cument's effective date on the Depar	tment of State's records.	manny ming requirem	cing and and	viii not te natea u
ecord specifies a delayed effective dat is filed.	te, but not an effective time.	at 12:01 a.m. on the earli	er of: (b) The	290th day after the
tted	2023			
	W			