

L23000296507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

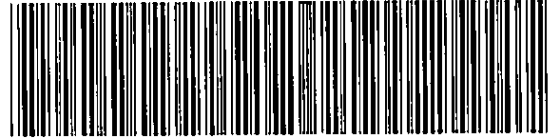
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H.C. International, L.L.C.
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:

Daniel Helligar
Name of Person

Firm/Company

2200 Oakview Circle
Address

St. Cloud FL 34769
City/State and Zip Code

DHelligar@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Helligar at (321) 301-7439
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

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	Jamal Adams	111 North Orange Ave	<input type="checkbox"/> Add
		Suite 800	<input type="checkbox"/> Remove
		Orlando Fl. 32801	<input checked="" type="checkbox"/> Change
MGR	Adams Brown	111 North Orange Ave	<input type="checkbox"/> Add
		Ste 800	<input type="checkbox"/> Remove
		Orlando Fl. 32801	<input checked="" type="checkbox"/> Change
MGR	Aubrey Chatham	111 North Orange Ave	<input type="checkbox"/> Add
		Suite 800	<input checked="" type="checkbox"/> Remove
		Orlando Fl. 32801	<input type="checkbox"/> Change
MGR	Ladarius Stephenson	111 North Orange Ave	<input type="checkbox"/> Add
		Suite 800	<input checked="" type="checkbox"/> Remove
		Orlando Fl. 32801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

E. Effective date, if other than the date of filing: _____ (optional)
Indicate the date of filing or more than 90 days after filing

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated November 7th, 2023.



Signature of a member or authorized representative of a member

Daniel Helligar

Typed or printed name of signee

Filing Fee: \$25.00