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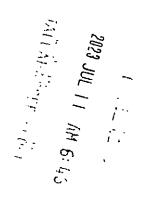
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Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:	Registration So Division of Co	ection porations	• 1 *	e e
04/15/19			•	
SUBJE	.C.I:		ited Liability Company	
The end	:losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
		Henry Caicedo Reyes		
			Name of Person	<del></del>
		HCR GROUP LLC	ed Liability Company  nitted for filing. to the following:  Name of Person  Firm/Company  Address  312  City/State and Zip Code om to be used for future annual report notification)	
			Firm/Company	
		920 W Las Olas Blvd Apt	4	
			. Willies.	
		Fort Lauderdale, Florida, 3	33312	
		Name of Limited Liability Company  Tricles of Amendment and feets) are submitted for filing.  correspondence concerning this matter to the following:  Henry Caicedo Reyes  Name of Person  HCR GROUP LLC  Firm/Company  920 W Las Olas Blvd Apt 4  Address:  City/State and Zip Code henrycaicedo975@hotmail.com  E-mail address: (to be used for future annual report notification)  matter please call:  Area Code  Drytime Yelepbane Number  S60.00 Filing Fee & Certificate of Status & Certified Cupy (additional cupy is enclosed)  2. Address:  tration Section  On of Corporations  Street Address:  tration Section  Division of Corporations		
		7.		
			•	fication)
For furt	her information o	oncerning this matter, please c	all:	
Henry (	Caicedo Reyes			
	Name o	f Person		e Yelephone Number
Enclose	ed is a check for ti	nc following amount:		
□ <b>\$</b> 25	5.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			
	_		<del>-</del>	
	P.O. Box 632	=	•	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION
OF

\*\*POST OF THE PROPERTY OF THE PRO

		6: 45
(Name of the Lim	ited Liability Company as it now appears o (A Florida Limited Liability Company)	p our records.
	(A Florida Limited Liability Company)	All Allasof
		• •
e Articles of Organization for this Limited I	Liability Company were filed on	and assigned
orida document number 1.23000312666		
orida document number	·	
nis amendment is submitted to amend the fol	lowing	
is amendment is submitted to affecte the for	towing.	
. If amending name, enter the new name	of the limited liability company here	•
in antiques and the service services		,
e new name must be distinguishable and contain the	words "Limited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
iter new principal offices address, if appli	cable:	
rincipal office address MUST BE A STRE.	ET ADDRESS)	
THE PAS OFFICE MOST CAN THE TOTAL TO THE TAIL		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE	<u></u>	
	<del></del>	
If amending the registered agent and/or	9	ords, <u>enter the name of the new regis</u>
ent and/or the new registered office addre	<u>ess here</u> :	
M. CN. B	Caicedo Reyes Henry	
Name of New Registered Agent:		<del> </del>
Manufla disamble Office A 11st	920 W Las Olas Blvd Apt 4	
New Registered Office Address:		street address
	Enter Florida	SHEEL (MAINES)
	Fort Lauderdale	, Florida 33312
	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 added or removed from our records:

MGR = Manager

A	M	BR	=	Auth	orize	d N	Membe
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<u>Title</u>	Name	Address	Type of Action
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Effecti	ve date, if other than the date of filing:(optional)
Note:	ctive date is listed, the date most be specific and cannot be prior to date of filing or more than \$0 days after filing.) Personal to 695.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ant's effective date on the Department of State's records.
erecord	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
Dated_	7/8/2023
	Signature of a member or authorized representative of a member
	dignature of a memory of authorized representative Of a memory