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COVER LETTER

TO: Registration Division of C		•	
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	Traine Of La Se	tea to one y Comming	
The enclosed Articles of	of Amendment and fee(s) are sub-	nitted for filing	
Please return all corres	pondence concerning this matter	to the following:	
	Nendy Hernandez		
		Name of Person	
		Cirus Company	
	1876 N CORPORATE LAS	·	
	Fort Lauderdale, FL 53326	Address	
	nendyh#/tesysnetworks.com	City. State and Zip Cone	
		o be used for flattire Johnso report	nerification)
For further information	n concerning this matter, please co	II.	
Nendy Hernandez		786 224 9616	,
Name	e of Person	at () Area Code Day	stime Felephone Number
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	TI 930.00 Fiting has & Cartificate of Status	Cordfied Copy radditional copy is orchweig	T 860,00 Filing Fee, Certificate of Status & Ocrtified Copy griddfonal copy is enclosed)
Mailing Addi	ress:	Street Address	<u>::</u> • • • • • • • • • • • • • • • • • • •

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 M. Mouroe Street, Suite 810
Tallahassee, Ft. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HYDNEN LLC

2023 COT 27 #11 9: 54

·	dishility Company as it now appears on our records. Bonda t united I lability comorns o	., ·
The Articles of Organization for this Limited Liabil		and assigned
Florida document number L23000438899		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
HYDNEN PROPERTIES L.L.C.		
The new name must be distinguishable and comain the words	s 't imited Company, ' .o.; assignation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
	Y_1	
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter t</u>	he name of the new regi
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter t</u>	he name of the new regi
(Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or registagent and/or the new registered office address have a Name of New Registered Agent:	stered office address on our records, <u>enter t</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address he Name of New Registered Agent:	stered office address on our records, <u>enter t</u> <u>ere</u> ;	
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records, <u>enter t</u> <u>ere</u> ;	
B. If amending the registered agent and/or registered agent and/or the new registered office address he Name of New Registered Agent:	stered office address on our records, <u>enter t</u> ere:	

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	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
****			□Add
			Remove
			☐ Change
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•	iding any other information, enter change(s) here: //ttach additional sheets, if necessary.j
	
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(If an effe	re date, if other than the date of filing:
	I the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the nt's effective date on the Department of State's records.
If the record record is file	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 d.
Dated_	10/23/2023
	Signature of a member or authorized representative of a member
	NEWRY / HENNANDEZ Typed or printed name of signee
	Typed or printed name of signee