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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
Subject:	HCR Re	PAIL SERVICES, LLC.	0
	Nane of Lan	ned Daomy Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		. 1	
		Hector E. Cruz RA	1 mos
		Name of Person	
	}	Hector E. Cruz Re Name of Person HCR Repair Service Firm/Company	S,UC.
	582	L3 Pearl Street	
	+-	- 10 m = TI 2201	
	——————————————————————————————————————	City/State and Zip Code	<u></u>
	Lian	h4183@ GMAIL. Co	xM
For further information c	n-man address: (t oncerning this matter, please ca		ication)
Heybe E.C	ruz famos	ai (<u>234</u>) <u>887</u> -	5045
Nune o	ГРСІМІ	Area Code Daytime	: Telephone Number
inclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	G \$60.00 Eiling Eng
X	Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec	
P.O. Box 632		Division of Corp The Centre of Ta	
Tallahassee, F		i	Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Hit Senico, LLC. lity Company as it now appears on a la Limited Liability Company)	2023 CCT 17 A!1 7: 26
The Articles of Organization for this Limited Liability (Florida document number 12300044056)	Company were filed on Sept	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	et address
		Florida
New Decision of the second	Ciţv	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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	RAFAELA Cruz RAMOS	598 Figuera Ave	
		For myers, FL 33905	! Remove
			□Change
			□Remove
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	·		□Add
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an effecti <u>Vote:</u> If i	tte, if other than the date of filing:	207 l as
record s _l l is filed,	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
ated	October 10th 2023	
	THURST -	
	Signature of a member or authorized representative of a member	