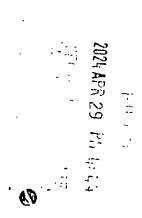
L24000024746

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registration So Division of Cor			
SURFECT: HED	Royal Treatment	t LLC	
1	Name of Limi	ited Liability Company	
The englaced Articles of	Amendment and fee(s) are sub-	mitted for filing	
The enclosed Afficies of	Amendment and rec(s) are sum	anded for timing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Harold TH	ayle5 Je. Name of Person	·
		Firm/Company	. ,,,,,,,,,
	4489 Jake to	Unse Cr Address	
	west palm be	ach AL 33409	
	H. Drayal Energy (K-mail address: (1	Oth 12 33409 City/State and Zip Code (Ment 0 Outlook: Com o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		
Harold THA	ylis Se, Person	at (561) 802-10 Area Code Daytim	40 te Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	ant an
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HED Royal Treatme	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>/24000024746</u>	ompany were filed on <u>January 11,2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	2024APB
(Principal office address MUST BE A STREET ADDRE	ESS)	P-0
		29
		B -7
Enter new mailing address, if applicable:	<u> </u>	
(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:	office address on our records, <u>enter the name o</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

	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 AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Harold T Hayles Je	4489 Lake tahoe Cir WBF F13	33409 CHAGO
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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TO Free .	
(If an eff Note:	ive date, if other than the date of filing:
If the recor record is fi	d 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 led.
Dated	Signature of a member or authorized representative of a member
	Harstd T Hayles Sl Typed or printed name of signee