

L24000062554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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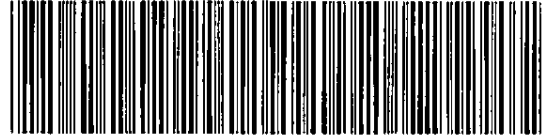
(Business Entity Name)

(Document Number)

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A. HUNT
03/20/24

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/20/2024

Acc#I20160000072

en: c DW

Name:	HS Investment Funding LLC
Document #:	
Order #:	15448658

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<div>STATE OF FLORIDA TALLAHASSEE, FL APR 20 2024 AM 10:11 30</div>	
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Amount: \$ **25.00**

Thank you!

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

15 Paradise Plaza #123

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34239

15 Paradise Plaza #123

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34239

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

DocuSign Envelope ID: 5CEFAE53-DA57-48D6-982B-E55CF526D5A2
 If attaching 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

[illegible]

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

2011 OCT 29 AM 10:12
STATE
SERIAL

E. 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)

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 March 20, 2024

- DocuSigned by:

Signature of a member or authorized representative of a member

Scott Engel, Member

Typed or printed name of signee

Filing Fee: \$25.00