124000288916

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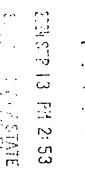
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COVER LETTER

TO: Registration Division of C	Section Corporations	
HRNE E	LC	
SUBJECT,	Name of Lin	mited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	horitad for filing
Please return all corre	spondence concerning this matter	r to the following:
	Hua Jian Lin	
		Name of Person
	HRNE LLC	
		Firm/Company
	6606 N 56th ST	
		Address
	Tampa, FL 33610	
		City/State and Zip Code
	weixuellc@gmail.com	(to be used for future annual report notification)
For further informatio	n concerning this matter, please c	
Hua Jian Lin	S (Figure 1)	813 7274905
	e of Person	at (
		Med Code Dayline Telephone Number
Enclosed is a check fo	r the following amount:	
■ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HRNE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.24000288916	were filed on 6/26/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liability"	ty Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		41.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:	147	
New Registered Office Address:		
	Enter Florida street address	5
	, Flo	orida
ew Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete peccept the obligations of my position as registered agent as pecing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an ovided for in Chapter 605. I	d Lam familiar with and E.S. Or Tithis documentis

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
GMGR	Hua Jian Lin Trust	6606 N 56th ST	
		Tampa, FL 33610	
			□Change
GMGR	Evershine Legacy Trust	6606 N 56th ST	멸Add
		Tampa, FL 33610	□Remove
			□ Change
			C)Remove
			□ Change
			Remove
			□ Change
 -			<u> </u>
			□ Remove.
· _			SS C Depange
			□Remove
			Change

/1/2024 not be prior to date the applicable s 's records.	e of filing or more statutory filing ro t 12:01 a.m. on	(op than ⁹⁰ days aft equirements, th	t ional) er filing.) Pursu ils date will no	ant to 605.020 of be listed a
/1/2024 not be prior to date the applicable s	e of filing or more	(op	tional)	eut to 605 020
·—————				
			<u>-</u>	
			- <u>, , , , , , , , , , , , , , , , , , ,</u>	
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Filing Fee: \$25.00