Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000317945 3)))



H240003179453ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624 Phone : (512)597-0678 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.★★

Email	Address:					

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HFL PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

SEP\_1\_9\_2024

Electronic Filing Monu-

Corporate Filing Menu

Help

HFL Partners LLC

2024-09-19 06:09:56 UTC+14

18506176383

From: ZenBusiness User H240003179453

## ARTICLES OF AMENDMENT TO OF

ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_08/14/2024 Florida document number 1.24000356813 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 "Lamited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Floridastreet address \_, Florida <u>\_</u> Cin

## New Registered Agent's Signature, it 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

To:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Leyla Pashacva		
		13645 East Colonial Drive Apt C45, Orlando, FL 32826-4931	■ Remove
			Change
MGR	Farhad Huseynov	13645 East Colonial Drive Apt C45, Orlando, FL 32826-4931	
		<del></del>	☐ Remove
			Change
			三
			Add Signature Reinove Reinove Officianges Add
			Change F
			Remove
			☐ Change
<del></del>			🖸 Add
			□ Remove
			Change
			Add
			Remove
			Chunge

D.	Page: 4 of 4 If amending any other inform	2024-09-19 06:09:56 UTC÷14 nation, enter change(s) here: <i>(Attoch ad</i>	18506176383 Iditional sheets, if necessary.	From: ZenBusin H 240003 17945 3 )
	<del></del>	<del></del>		
				TO A COLUMN TO THE COLUMN TO T
			-1-1	TALL SEP
				50 00 m
	<u></u>	<u>-</u>		1 P. 100
	**************************************			
	<u></u>			
	If an effective date is listed, the date m	ne date of filing:  just be specific and cumot be prior to date of filing of block does not meet the applicable statutory Department of State's records.		
	he record specifies a delay The 90th day after the re	ed effective date, but not an effective ecord is filed.	ve time, at 12:01 a.m. o	n the earlier of:
	Dated September 11	2024		
	/s/ Farhad Huseynov			
		Signature of a member or authorized represents	ntive of a member	<del></del>

Page 3 of 3

Filing Fee: \$25.00