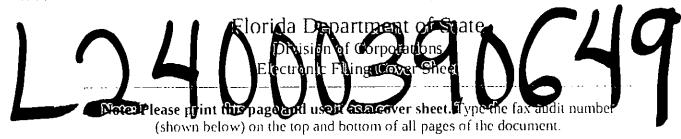
Division of Corporations



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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

To: 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

\*\*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 HIVANCE PROPERTY MANAGEMENT LLC

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

M. SOLOMON

OCT 2 3 2024

Electronic Filing Menu Corporate Filing Menu

Help

10/22/2004 12:43 13 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hivance Property Management LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our r ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	any were filed on	and assigned
Florida document number L24000390649		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
Enter new mailing address, if applicable:		24.00 TH
(Mailing address MAY BE A POST OFFICE BOX)		
		>
		Mark The Control of t
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, g	enter the name of the new registered
		(1)
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street i	
	Enter Florida street (	RRRITENS
		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.

10/22/2024 12:43:13 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

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>	Name	Address	Type of Action
AMBR	Irien Nishu Islam		□Add
			□Remove
			<b>X</b> Change
AMBR	Hinaya Irhaa Islam		□Add
			□Remove
			<b>X</b> iChange
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Effecti	ive date, if otl	ner than the dat	e of filing: _			10)	otional)	(05.0207
Note:	If the date inse	rted in this block of date on the Depar	does not meet	the applicabl	e statutory filin	g requirements.	this date will not	be listed as
he recore		layed effective da	ie, but not an e	effective time	e, at 12:01 a.m.	on the earlier of:	(b) The 90th d	ay after the
Dated_	October 22			024				
						of a member		

Typed or printed name of signee