## L24000 405075

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FILED

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: H&FINV	ESTORS, LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	GILBERT ELIACIN		
		Name of Person	
	H & F INVESTORS, LLC		
	H&FINVESTORS, DEC	Firm/Company	
	7213 RONNIE GARDEN	S COURT Address	
		1100-100	
	TAMPA, FL 33619		
		City/State and Zip Code	
	gilbert509@gmail.com	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c		
GUILBERT ELIACIN		at ( 813) 892-2300	
Name of	Person		e Telephone Number
Enclosed is a check for th	ae 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 Registration S Division of C	Section	Street Address: Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H & F INVESTORS , LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12-12-2024	and assigned
Florida document number L24000405075	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
		20/
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR.	ESS)	5 AM 0
Enter new mailing address, if applicable:		10: 56 STATE
•		
(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, enter th	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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>	<u>Name</u>	Address	Type of Action
VP	TWESSY DESIR	935 Pontiac Ave , Cranston, RI 02920	<b>=</b> Add
			□Remove
			□Change
AMBR	PIERRE MAX VALLES	10243 GARDEN ALCOVE DR. TAMPA, FL 3.	<u>364'</u> <b>≡</b> ∧dd
			□Remove
			□Change
			□Add
			□Remove
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			□Change
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			□Change
			□Remove
			□Change

Fective date, if other than the date of filing: 12-12-2024 (optional)  nellective date is listed, the date must be specific and earnot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.026  reg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.  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 is filed.  ted 12-12-2024		
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- Mil Grey -		034
Signature of a member of authorized representative of a member		Signature (a member or authorized representative of a member
		GILBERT ELIACIN

Filing Fee: \$25.00