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(City	//State/Zip/Pho	ne #)
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SECRETARY SERVICE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	HISEL L	LC ited Liability Company	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	BJ Re	Q V P S Name of Person	
	dan Off	Firm/Jompany	Seeves, P.A.
	1779 N	University DA	e., Ste 202
		Pines JJ City/State and Zip Code + 1+ le insuranto be used for future annual report notified	
			fication)
	ncerning this matter, please ca		
Name of	eves Person	at $(56/)$ 30 Area Code Daytime	2 - 0890 e Telephone Number
Enclosed is a check for the	: following amount:		
□ \$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
	ability Company were filed on $10-28-24$ and assigned
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	SE SC R
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, enter the name of the new registered there:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Name	Address	Type of Action
Mar	Marie Debelle	1100 St Charles Pl.	□Add
·		NO 421	ERemove
		Pembroke Pine # 330) ✓ □Change
Mar	Leilah A. Debelle	Pembroke Pine # 3302 1100 St Charles Pl.	MAdd
)		No 421	□Remove
		No 421 Pembroka Pares J2 33	3024 □Change
			□Add
			□Remove
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<u>, nc.</u> 11	ne date inserted i	han the date of date must be specif in this block does on the Departmen	not meet the	applicable stati	filing or more than utory filing requ	OB / (optiona 190 days after filit frements, this da	il) ng.) Pursuant to 605.(te will not be listed	0207 d as
ecord s is filed	occifies a delayed	effective date, bu	it not an effe	ctive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day after	the
ed _	NOV	20	20	124.				
	Z	5 Halen						
		Signature			resentative of a me	imber		
				or printed name o				

Filing Fee: \$25.00