L25000 11/2028

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	- #)
(0)	ty/State/Zip/i None	- π)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special instructions to	Filing Officer:	
	101 HORNE 8 2025	

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	07/02/2025	_			
Name:	Cheyanne Da	avis	_		
Reference	#:28226	91	_		
Entity Nam	ne:HOLLY	WOOD HO	DLDINGS	GROUP L	LC
☐ Artic	cles of Incorporation/A	Authorization	to Transact E	Business	
√ Ame	endment				
☐ Cha	inge of Agent				
☐ Reir	nstatement				
☐ Con	version				
☐ Mer	ger				
Diss	solution/Withdrawal				
☐ Ficti	tious Name				
Othe	ər				
Authorized	Amount:\$	5125.00	. <u></u>		
Signature:	Chyma Paine				



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 3230i P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	07/02/2025
Name	Cheyanne Davis
Refer	nce #:
Entity	Name: HOLLYWOOD HOLDINGS GROUP LLC
	Articles of Incorporation/Authorization to Transact Business
V	Amendment
	Change of Agent
	Reinstatement
	Conversion
	Merger
	Dissolution/Withdrawal
	Fictitious Name
	Other
Autho	zed Amount:
Signa	ire:

COVER LETTER

. 7

TO:

Registration Section Division of Corporations

CUD ICCT.	Hollywoo	od Holdings Group	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Arlena Pace	
	√	Name of Person	
	H	Hollywood Holdings Group	
		Firm/Company	
		5921 nw 176st unit2	
		Address	
		Hialeah fl 33015	
	•	City/State and Zip Code	
	1	Wynstarvip@gmail.com	
	E-mail address:	to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
,	Arlena Pace	305	206-2630
Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a check for th	ne 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	Section	<u>Street Address</u> Registration	Section
Division of C P.O. Box 632		Division of C	Corporations f Tallahassee
Tallahassee, I			roe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hollywood Holdings Group IIc

2025 JUL - 7 PM 4: 14

: !:_. D

(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 ______ and assigned L25000166028 Florida document number 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 "Limited 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: Arlena Pace Name of New Registered Agent: 5921 nw 176st New Registered Office Address: Enter Florida street address

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.

Hialeah

City

If Changing Registered Agent, Signature of New Registered Agent

___, Florida ____

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>	<u>Address</u>	Type of Action
TRE	Marcial Torres	5921 nw 176st	
			□Remove
			_
			Remove
			Change
	 .	-	□Add
		 -	□Remove
			□ Change
			□Add
			□Remove
			□ Change
		-	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending	g any other information, en	ter change(s) here:	(Attach additional si	heets, if necessary.)	
			 .		
					
					<u>-</u>
				 -	<u></u>
				·	
		_			
					
(If an effective d Note: If the	ite, if other than the date of date is listed, the date must be speci date inserted in this block does effective date on the Departmen	fic and cannot be prior to not meet the applicab	4/08/2025 date of filing or more than le statutory filing requi	(optional) 190 days after filing.) Pursuan rements, this date will not	to 605.0207 (3)6 be listed as the
the record speci ecord is filed.	ities a delayed effective date, b	ut not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after the
Dated	June 30	2025	·/////////////////////////////////////		
	Signature	of a member or authoria	ed représentative of a me	ember	
		Arlena I			
_	 	Typed or printed i			

Filing Fee: \$25.00