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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 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.\*\*

Address:		



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HCMP SERVICE LLC

Certificate of Status	0
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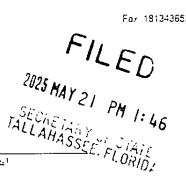
Electronic Filing Menu

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Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HCMP SERVICE LLC

(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 tiled on 05/09/25	and assigned
Florida document number L25000221828		· ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designar	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· <del></del> - ·- ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	ities, and I am familiar with and or 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
AMBR	VELM Investments LLC	189 S Crange Ave Unit 1250	
		Orlando, Florida 32801	□Remove
			□Change
AMBR	DANCAN Investments LLC	189 S Orange Ave Unit 1250	ZAdd
		Orlando. Florida 32801	□Remove
			□Change
AMBR	FPGE Investments LLC	189 S Orange Ave Unit 1250	₹iAdd
		Orlando, Florida 32801	= ERemove
			TALLAHAS
	<del></del>		CANAY 2 b PH
			F CRemere R C Change
			□Add
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			□Change
*****			□Add
			□Remove
			□Change

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ffective date, if other than the an effective date is listed, the date in source. If the date inserted in this ocument's effective date on the	hlock does no	it meet the appli	leable statutory f	n more than <sup>90</sup> days Hing requirements	optional) after filing.) Pur s, this date will	uant to 605,0207 (, not be listed as th
record specifies a delayed effect f is filed.	ive date, but r	not an effective	time, at 12,01 a.	m, on the earlier c	of: (b) The 90	h day after the
ated May 21		2025	N-			
		$I \cup I$				
	Signature of	a member or aut	horized representa	tive of a member		- <del></del>