the top and bottom of all pages of the document. (((H25000259229 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROBERTS LAW, PLLC Account Number : 120220000038 : (941)402-3831 Phone Fax Number : (941)296-8517

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __kelly@kellyrobertslaw.com__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HKA ENDEAVORS LLC

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T. LEMIFUX JUL 25 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H25000259229 3)))

Zip Code

HKA ENDEAVORS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L25000323184</u> .	were filed on 7/14/2025	and assigned
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 Liabil	En Company and Advanced and Long	N N N N N N N N N N N N N N N N N N N
Enter new principal offices address, if applicable:	2389 Venice Avenue, PMB 424	ne appreviation "L.L.C.
(Principal office address MUST BE A STREET ADDRESS)	Venice, FI. 34292	1 NO
Enter new mailing address, if applicable:	2389 Venice Avenue, PMB 424	
(Mailing address MAY BE A POST OFFICE BOX)	Venice, Ff. 34292	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	eddress on our records, enter the i	name of the new register
	Florids	

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.

City

To: Pa

Page: 3 of 4 2025-07-24 15.35:41 GMT

19412968517

From: Kelly Rok

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
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
			□Change

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date, if other than the date of filing:	(optional) ays after filing.) Pursuant to 605. nts, this date will not be liste
occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	r of: (b) The 90th day after
LY 23 2025	
Signature of a member of a winter sentative of a member	

Filing Fee: \$25.00

MAA Endeavors LLC