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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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

Certificate of Status	0
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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*	*
HKA ENDEAVORS LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 07/14/2025 and assigned
Florida document number <u>L25000323184</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	125
<u> </u>	
	:
Inter new mailing address, if applicable:	- 71 - 1
Mailing address MAY BE A POST OFFICE BOX)	2
	28
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records. enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Fronta street address
	Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

To:

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.

To: Page: 7 of 8 2025-07-30 16.16:10 GMT 19412968517 From: Kelly Roberts

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
AMBR	Heidi K. Anderson	2389 Venice Avenue, PMB 424	□Add
		Venice, FL 34292	□Remove
			≣ Change
	•		□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			Remove

Page: 8 of 8	2025-07-30 16 16:10 GMT	19412968517	From; Kelly F
		(((H25000266579 3)))	
If amending any other information	m, enter change(s) here: (Attach additte	onal sheets, if necessary.)	
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		(A)	
Effective date, if other than the date of the date must be	e specific and cannot be prior to date of filing or r	(optional) more than 90 days after filing.) Pursuant to 6	05.0207 (3)(b)
Note: If the date inserted in this block document's effective date on the Department's	k does not meet the applicable statutory file	ng requirements, this date will not be h	isted as the
te record specifies a delayed effective of ord is filed.	late, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day at	iter the
Dated JULY 28	2025		
lind	gnature of a member of anthorized representation	for a member	
Heidi K Anderson			
HOLD A AMERON	Typed or printed name of signee		

Filing Fee: \$25.00