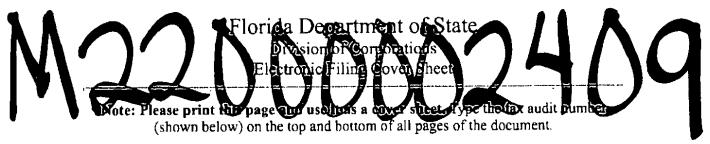
7/11/22, 6:11 AM

Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Page: 2 of ⊊

Division of Corporations

Fax Number : (850)617-6383

From:

3

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Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 63 HYACINTH LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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M. SOLOMON

Electronic Filing Menu Corporate Filing Menu

Help

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Page: 3 of 5

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TO: Registration Section Division of Corporations		
SUBJECT: 63 HYACINTH LLC		
Name of Foreign Limited Liability Company		
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
CHEYENNE MOSELEY		
Name of Person		
LEGALZOOM.COM, INC.		
Firm/Company		600 673
101 N BRAND BLVD., 11TH FLOOR	•	JU 35
Address	7) 2/2	
GLENDALE, CA 91203	1,	3° ⊒:
City/State and Zip Code		AH 10: 50
dawson@vtmtrading.com	•	Ċ
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
CHEYENNE MOSELEY, LEGALZOOM.COM, INC. 800 773 - 0888 ext. 9724		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount: \$\Begin{array}{c} \$25\$ Filing Fee & \$30\$ Filing Fee & \$55\$ Filing Fee & \$60\$ Filing Fee. Certificate of Status & Certified Copy & CR2E055 (9/15) \$\Begin{array}{c} \$CR2E055 (9/15) & \$30\$ Filing Fee & \$55\$ Filing Fee & \$60\$ Filing Fee. Certificate of Status & Certified Copy & CR2E055 (9/15) & \$60\$ Filing Fee & \$60\$ Filing Fe	atus &	

From: Sylvia Pauli

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

2022-07-11 04:12:53 PDT

SECTION I (1-4 must be completed)

State: 63 HYACINTH LLC			_
Enter new principal office address, if applicable:		·	-
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			-
2. The Florida document number of this limited lial	bility company is: M22000002	409	_
	· · · ————————————————————————————————	•	
3. Jurisdiction of its organization: New York			•
4. Date authorized to do business in Florida: 02/	15/2022	· ·	<u> </u>
SECTION II (5-9 complete only the applicable of	changes)	,	` ., <u>≥</u> ~:
5. New name of the limited liability company: H (must	yacinth Capital USA LLC t contain "Limited Liability Comp	any, " "L.L.C.," or "LLC	AH 10: 50
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	naging members adopting the alte	siness in Florida and attac mate name. The alternate	li a name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, ddress here:	enter the name of the new	· -
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida	Stront Address	-
	Liller Florida		
	City	, Florida Zip Code	_
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacit and complete performance of my tered agent as provided for in Cha in the registered office address, I	duties, and I am familiar ipter 605, F.S. Or. If this	with

8. If the amendment c	8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Tide/ Capacity	Name	<u> Address</u>	Type of Action		
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aforementioned a	the law of which this entity is organi	ne official having custody of records in it zed.	ae		
	1)-50	e authorized representative			